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A FEW DIFFERENTIAL POINTS IN THE CLINICAL HISTORY OF PULMONARY TUBERCULOSIS, AND PULMONARY PHTHISIS.

By BUCK G. CARLETON, M. D., (Curator and Pathologist, to Homœo. Hosp., W. I., N. Y., City.)

CATARRHAL PHTHISIS is divided anatomically and by its physical signs into three stages. The termination of the last stage is reached in from one to ten years, according to the intensity of the inflammatory action. The second and third stages clinically speaking are very similar and will therefore be described under one head.

PHYSICAL SIGNS OF FIRST STAGE.

Inspection; the integument over the malar bones has a drawn appearance; eyes large with a pearly transparent sclerotic, and usually accompanied with long eye-lashes; pale face that blushes easily; ears pale, thin and anæmic; anæmic lips; a sharply defined red line on the gums opposite the canine and incisor teeth; the muscles of neck appear long and prominent; thin slender hands, with incurved finger nails; slight emaciation; lean flat chest; prominence of the scapulæ, the movements of the shoulders diminished or uneven in action, small antero-posterior diameter of the chest; wide intercostal spaces; the upper portion of the chest does not expand as much as it ought to during a forced inspiration, and the respiratory acts are somewhat increased in frequency; respiration is somewhat abdominal in character; excitable action of the heart; it will frequently be increased twenty or thirty rhythms per minute at the visit of the physician; temperature normal in the morning, but may rise a degree or two in the evening.

Palpation; diminished expansive power in the infra-clavicular region of the affected side, with a slight increase in the vocal-fremitus.

Percussion; slight raise in the pitch of the percussion sound, but if the diseased tissue be deep

PULMONARY TUBERCULOSIS,

also passes through three distinct anatomical stages, and the physical signs of these stages are clear and distinctive, but clinically, owing to the acute character of this disease, but two stages can be properly described, the second and third stages being classed as one.

PHYSICAL SIGNS OF FIRST STAGE.

Inspection; the skin is abnormally pale; face rarely flushed, but yet it feels warm, or even hot; the skin *never* appears drawn over the malar bones, unless the tuberculosis has been ingrafted upon a catarrhal phthisis, when it will present this, as well as all other prominent conditions, and symptoms of phthisis, as well as those of tuberculosis; eyes have a deadened and sunken appearance; cyanotic color of nose, lips and finger nails; tongue dry, brown, and cracked; nothing characteristic about the gums; emaciation; antero-posterior diameter of the chest normal; respiration always thoracic, but greatly increased in frequency, making about one third more respiratory acts per minute than they normally should, not accompanied by any dyspnoea; the heart action is greatly increased in frequency, but not in force beating from 120, to 130 times per minute; the temperature is high, and continuous, ranging from 103° to 104° F.

Palpation; respiratory act greatly hurried; vocal-fremitus normal.

Percussion; as a rule the pulmonary resonance is apparently normal, although it may have a slight tympanitic quality; the flatness over the region of the spleen is increased in area.

seated and small in amount normal lung tissue intervening between it and the walls of the chest, the percussion sound may be apparently normal, unless we resort to forced percussion.

Auscultation; in the infra-clavicular region, the respiratory murmur is weak at some points, and exaggerated at others, sometimes the inspiratory murmur is jerking in character, and this is sometimes noted over a whole lung; respiratory murmur may be rude, or bronchial in quality. The inspiratory sound is high pitched, and tubular in character; the expiratory, high pitched and prolonged; sub-crepitant rales heard over a limited space in the supra-scapular region are pathognomonic of phthisis in the first stage.

SECOND STAGE.

Inspection; all conditions described in first-stage will be found in an advanced degree, the frequency of the respiratory act is especially increased, and now we have dyspnoea upon slight exercise; marked depression above and below the clavicles; pulse from 100 to 120, temperature 100° to 102° F., emaciation more marked, but at times it appears to be arrested, and they apparently gain in flesh for a short time.

Palpation: diminished expansive power of the diseased lung; increased vocal-fremitus; respiratory acts increased in frequency.

Percussion; dullness marked and extending over quite a large area of pulmonary tissue.

Auscultation; a bronchial quality is noticed in the respiratory murmur, and also moist crackling rales of a metallic character; large and small mucus rales are heard in greater or less abundance over the diseased lung; vocal resonance increased over the diseased lung; pleuritic friction murmurs are frequently present.

THIRD STAGE.

Inspection; all objective symptoms have become much more prominent, the emaciation, and prostration are marked; face has a haggard look; eyes sunken; lips pale, or dry and parched; tongue has a whitish coat, which near the end disappears, and gives place to a dry furrowed condition; slight thoracic movement during the respiratory acts, the respiration being almost entirely abdominal in character, and increased in frequency, (twenty-five to thirty-five per minute,) bulging of the chest where it was retracted an evidence of a superficial cavity, dyspnoea not marked, except upon motion, although they wish to be bolstered up in bed; cyanosis of the extremities, soon followed by œdema; pulse from 100 to 140 per minute, tem-

Auscultation; accentuation of the vesicular murmur, sibilant, and sonorous rales, are heard over all portions of the chest in large numbers; inspiratory, and expiratory sounds decreased in time, but increased greatly in frequency; respiration not laborious.

SECOND STAGE.

Inspection; all appearances of the patient described under inspection in the first stage, are now greatly increased, especially the respiratory act, which will number from forty-five to fifty per minute; dyspnoea to a greater or less degree; sometimes they are unable to lie down with comfort and sometimes have to be bolstered up in bed; pulse 120 to 150; temperature is continuous, and high, ranging from 104° to 105° F.; emaciation is rapid, and continuous.

Palpation; very slight increase in the vocal fremitus; respiratory acts greatly hurried.

Percussion; slight dullness of percussion resonance over the whole of both lungs.

Auscultation; sibilant, sonorous, large, and small mucus and subcrepitant rales in great numbers over the whole of both lungs; vocal resonance apparently normal; a soft friction murmur quite diffused in character, (usually unaccompanied with pain, and due to the irregular condition of the pleura, from the deposition of tubercles just beneath it,) is sometimes present.

THIRD STAGE.

Inspection; appearances noted in first and second stages, greatly aggravated; extreme prostration, and emaciation; cyanosis of the face, and body; mouth dry; tongue, and gums, covered with dry incrustations, as the result of the slight hæmorrhages, or again the tongue and gums may be pale, and moist; no depression above or below the clavicles, respiratory acts from twice to three times as often as they ought to be; distinct attacks of dyspnoea with severe oppression, and orthopnoea; abdomen distended but has no tender points; surface of the body covered with sudamina; lack of tension; arteries easily compressible; pulse from 120 to 160; its irregularity in the fever curves distinguishes it from all other diseases, the temperature being higher in the morning than in the evening, varying from 104°

perature from $101\frac{1}{2}^{\circ}$ to 103° F., but near the end the temperature and pulse fall.

Palpation; vocal fremitus marked; sometimes a gurgling fremitus is found; respiration hurried; expansive power of the lungs greatly diminished.

Percussion; marked dullness over the diseased lung, unless there is a large empty superficial cavity with thin tense walls, when there will be an amphoric resonance.

Auscultation; cavernous, and amphoric respiration, large and small gurgles, mucus, sibilant and sonorous rales; vocal resonance greatly increased; sometimes friction murmurs.

to 107° F., this with the pulse always falls, near the end.

Palpation; vocal fremitus increased; respiratory acts greatly increased in frequency.

Percussion; dullness over both entire lungs, but no amphoric resonance, as there are no large cavities; flatness in region of the spleen greatly increased in area.

Auscultation; crackling, sibilant, sonorous, mucus rales, and gurgles, vocal fremitus increased; bronchial breathing; friction murmurs.

SEWER GAS AND HOW TO PROTECT OUR DWELLINGS.*

BY A. VARONA, M. D.

LECTURE I.—PART III.

SHAPES OF SEWERS.

One of the most noticeable defects in our system is the variety of shapes adopted. We have sewers with nearly flat invert, like the old Roman sewers, we have them elliptical, circular, and oval. It may be urged that as the object to be fulfilled varies under different circumstances it may become necessary to adopt more than one sectional form of sewers, but I fear in our case the substitution of one for the other has not always been based upon a scientific consideration of the object in view.

There is no doubt that for sewers having an intermittent flow, and all our sewers come under this head, the egg shaped sewer is found to be best; and the reason is obvious, such sectional form, insuring the greatest concentration of the minimum flow, gives the greatest possible velocity when the smallest volume is running through them. At the same time it offers the least possible amount of friction area or wetted perimeter to maximum flow.

MATERIAL OF SEWERS.

The materials used in the construction of sewers at different times and in different countries are bricks of all kinds, tiles, stone, stoneware, artificial stone, earthen ware, asphalt, cement concrete, iron and timber. Experience has demonstrated that in order to secure the perman-

ency and durability of sewer work great care is required in the selection of a proper material, and that the best is the cheapest in the end. Of the above, bricks laid in cement, or hydraulic lime mortar, stoneware pipes and concrete used separately or in conjunction with bricks and pipes, and iron when the sewer has to be taken through unsound ground or under rivers, are the only ones now in use.

With us bricks are used in all sizes above 18 inches; below this size a few miles of Grankirk (Scotch) pipes have been laid, but by far the great majority are of the Rosendale cement, and it seems to give general satisfaction.

These pipes are very extensively manufactured by Messrs. Knight Wilson & Co., of this city. They are made from hydraulic cement and sharp sand or gravel thoroughly mixed and molded under pressure. It is held by the manufacturers that this ware does not deteriorate with age, and the experience of five years seems to corroborate the statement.

The inserts of sewers are particularly liable to wear from the erosion of the water and from the grinding action of the sand and solid matter transported over them. Yet according to the last report of the commissioners of City Works "there is no sign of disintegration or wearing away of these pipes."

CONSTRUCTION OF SEWERS.

As sewers must always be constructed at a certain definite level in order to effect their object, it becomes necessary to make provision for securing a proper foundation; for whatever may be the instability of the subsoil it is not available to excavate at greater depth to find a more stable foundation. For the above purpose one of the best plans is to dig the sewer trench to

* This being one of a series of LECTURES ON SANITARY SCIENCE which are to be published in book form all rights are reserved.—[Eds.]

an additional depth and fill up to the level of the sewer with concrete or other suitable material. The foundations for our sewers are of concrete and planking, with cradles or piers of masonry or wood whenever necessary.

By constructing a system of sewers in straight lines with manholes and lampholes at suitable intervals, the whole system is brought under perfect control, and can be examined at any time without having recourse to breaking the ground and any ordinary stoppage can be remedied with the aid of special tools applicable for the purpose.

Our system, in conformity with this rule, is built in straight lines having manholes at intervals of about 100 feet. They are of brick $3\frac{1}{4}$ by 4 feet, and 2 feet in diameter at the level of the street, capped with granite and cast iron covers.

The street basins at the corners for receiving the storm water are of less capacity with us than is usual in other places requiring examination and emptying at shorter intervals. They are trapped and have cesspits to retain the detritus from the streets, which must be lifted out by hand. All bends and changes of direction in the line of mains have a radius of at least twenty feet; and the house junctions, provisions for which are made at proper intervals, enter the sewers at acute angles. It is to be regretted, however, that the majority of the curves have been made by cutting and adjusting sections of straight pipe and not by properly manufactured curved sections, thus making the bends a succession of straight lines at obtuse angles rather than a gentle and uniform curve.

VENTILATION.

The only ventilation afforded to our sewers, yet which are said to be the best ventilated in the country, is obtained by the perforations in the gratings covering the manholes and untrapped connections with the rain water pipes from the houses.

That, all things considered, our sewers have been admirably planned, and in the great majority of cases well constructed, there can be no doubt; yet that they fail in several important particulars, and that in some instances they act as generators of the very nuisance they are intended to remove, is unfortunately but too true. It is but just to remark however that this fault is due not so much to defective construction as it is to neglect in their maintenance.

All sewers, from the very nature of their elements, are defective. All materials are more or less pervious, the best cements are chemically acted upon by sewage, the best joints have rough exposed surfaces upon which a certain amount of accumulation will take place, which, if not removed forms the foundation for a gradual increase that will eventually obstruct the whole sewer (illustrate.)

Add to this that if streets are not properly cleaned, the surface sweepings will be washed by rain storms into the street basins, and thence, if not removed in time, will find their way to the sewers and produce obstructions.

These accumulations which are left to putrify and decay, the overflow in the localities which we have pointed out saturating the soil with the contents of the sewers and the settlement caused by the back action of the tides at the outlets, are the conditions under which, in our locality, sewer gases are generated.

HOUSE DRAINS.

House drains are intended to carry away from dwellings all liquid refuse, waste water and excreta. Why these should be called drains, while the conduits that perform the same service for the city are called sewers, I know not. The inconsistency of the term, however, is obvious, for in strictly technical terms drains are the channels that remove surface and sub-soil water only.

In common parlance however, the pipe that collects the refuse water from a house and empties into the street sewer is called a "drain pipe," that which discharges the excreta from the closet into the drain pipe is called the "soil pipe," and the smaller tubes that carry the waste water from wash basins, tubs &c., are called "waste pipes."

The indifference with which house owners and the public at large look upon this question of house drainage, is such that it would be no exaggeration to say that 96 per cent of house dwellers have never given a thought to the manner in which their waste waters are disposed of. Marble top washstands, silver plated fittings, decorated china basins, planished copper bath tubs set in cabinet work of hard wood, stationary trays in the laundry and the brightest and handsomest workmanship wherever the plumbing is visible, are all the most fastidious seem to de-

mand. The invisible portions are absolutely out of the count in the so-called modern improvements.

The general arrangement is the following. A six inch drain pipe with an inclination of about 1 in 100 runs from the yard through the cellar and under the sidewalks into the sewer. A four inch soil pipe leads from the highest closet to the drain pipe, and into these two all the waste pipes empty; the only rule guiding these selection being that of the amount of pipe to be laid. If the heel of the closet trap is the nearer, the waste empties there; if not it is taken to the drain.

Immediately below each closet, basin, tub, sink, etc., a contrivance called a trap is placed, which, keeping full of water, is supposed to prevent the gases from the sewer from entering the house. In a few instances some means of ventilation is provided, either by connecting the drain with the leader from the roof or continuing the soil pipe to the open air above the roof.

Whatever difference there may be in the name, it is perfectly clear that these house drains are nothing more than small private sewers, lacking in their construction the engineering skill that is generally used in the public ones, and abounding therefore in the conditions that generate poisonous gases. If they are made of porous material, of unglazed pipe, of metals rough in their interior, if they are badly jointed, if they are unevenly laid so as to have bends and hollows, if they have sharp curves, or run in horizontal lines, deposits take place which decompose and act precisely in the same manner as stagnant sewage.

(To be continued.)

CLINICAL REPORT OF TYPICAL CASE OF COMPLETE NECROSIS OF ENTIRE SHAFT OF TIBIA.

(By C. H. VON TAGEN, M.D., Professor of
Clinical and Minor Surgery.)

Henry W. Koch, of Ellenwood, Kansas, aged twelve years, of Nervo-phlegmonous temperament and much emaciated. I present this patient to your special notice, requesting you to note carefully the history and symptoms, as well as the general condition of the case, as it is one of

rare and marked interest. The child has been afflicted all his life, with a diseased condition not only of the bone but the entire system. Observe his extreme feeble and emaciated condition, the pale waxen appearance and changed hue of the skin &c. The father of our patient states that twice during their trip from Kansas to Chicago, he feared the patient would die before they could reach their destination.

The child has passed through the care and treatment of no less than seven physicians, all of whom made strenuous efforts to restore him to a state of health and his limb to a condition of usefulness. Homœopathic and Allopathic treatment have been tried, but very little good has resulted from either. The general condition of the patient clearly indicates extreme exhaustion; emaciation in his case is unusual, proving conclusively that the recuperative powers of the system are almost entirely absent. He is unable to retain any nourishment, however simple and plain, and even water is rejected when received into the stomach. The fatigue resulting from his journey from his home in Kansas, has contributed considerably to his pre-existing prostrated condition. His father informs me that on several occasions, before his departure for Chicago, the patient was afflicted with weakness, vomiting to such an extent that "what he threw up had the same odor and consistency as his stools," so much so that the vessel he used for the purpose had to be removed from the room promptly, after each emesis. This same state of affairs occurred during the passage by rail to this point. His stools have shown evidence of very imperfect digestion and assimilation for a long period of time. In fact it is asserted that he has never had good digestion or assimilation since he was born. He was a puny, very ill developed fœtus and came into the world prematurely.

After he became sufficiently developed, which process was exceedingly tardy and incomplete, his parents, after exercising much patience and labor succeeded in carrying him through the infant period of his existence. Most of this time they were obliged to carry him on a pillow. When the patient was brought to my office, from the R. R. Depot, and I saw him, I was struck very forcibly with the extreme emaciation, and asked his father how much the boy weighed. He told me 28 lbs. when he left home, and he

thought he surely must have lost some on the way, for he had not retained a mouthful of nourishment for more than 4 days prior to their arrival here, and that they had been more than a week on the way coming here. Language can scarcely depict accurately the extreme nature of the symptoms, in this case. It excels any single instance of complication of diseases in its finality that I have ever witnessed or seen get well. There is very little to hope for in this instance, but remembering my experience in the past, and a similar though not so extreme a case recovering under the wonderful and recuperative powers of Homœopathic remedies, combined with conservative surgery, I gathered hope and determined to try, and never did man undertake a task or duty with less hope than I now entertained. My first prescription was *Calcaria Carbonica* 200 (Jenichens); the dose repeated in an hour.

The indications for the remedy were the extreme emaciation, entire lack of assimilation of the food, persistent vomiting, loose stools, pale and cadaverous appearance. Hippocratic cast of countenance, features pinched, sunken cheeks and eye balls, cachectic look generally and a general want of tone and vigor of the system involuntary stools, much and frequent thirst; drank little at a time. There was also a want of firmness in the osseous structures generally; skin harsh and dry or cold and clammy. These structures, to the sense of feel, were yielding and soft in their texture. I had also some milk punch ordered for him, with a small amount of stimulus, one teaspoonful of pure whiskey to a tumbler $\frac{3}{4}$ full of milk moderately sweetened. This was made lukewarm, but was not given until after the lapse of some hours, and after the patient had slept, the first refreshing sleep in many weeks, as the father stated, and which, the effect of the remedy seemed to encourage. After the second dose of calcaria the patient slept steadily for seven hours. When he awoke the milk punch was given in teaspoonful doses and was retained, and the medicine was continued at intervals of three to 4 hours, until the stools gave evidence of an improved condition of the digestive organs. This circumstance occurred in three or four days and there was added to his diet, beef tea and one raw egg to 1 pint of milk, 2 teaspoonfuls of stimulant added, very

slightly sweetened, and given in alternation with the beef tea every hour or so. The vomiting gradually ceased and the patient gave evidence on the 3d day of a slight improvement of his condition. The patient complained occasionally, and his father said he often had before, of a pain in the stomach commonly known as stomach-ache, among children. He also worked with his fingers at the nose, and would place one hand habitually under the back of his head and refer his trouble to this point. He would sleep only periodically and take short naps, and had a fœtor of the breath. For this condition *Cina* 30th *Trit.* was administered and it produced prompt relief. The patient, later, was troubled with occasional regurgitations of stomach contents, did not retch or vomit, strictly speaking, but he had a sudden evacuation from the stomach, a sort of spurt of a bilious yellowish green sour material mixed with undigested food. For this condition *Nux Vomica* 30th *Trit.* was given and afforded prompt relief. The patient passed on to a state of improvement at the close of the third week that warranted the belief that an operation could be performed with a fair prospect of success.

We will now retrace our steps and refer back to the origin of the circumstance that gave rise to this terrible condition of the Tibia. You will observe that the limb presents a very formidable appearance. Sinues in numbers over fifty, can be detected, and the probe will pass, as you see, through any of them. They all lead to a corresponding opening in the compact structure of the bone, and pass into the cavity or cancellated portion. There is a bloody ichorous and sanious discharge, thin as water, constantly escaping through these orifices, some of which are large enough to admit the end of the small finger. The tegumental anterior covering of the bone is in an unhealthy and infiltrated condition, clearly proving that it is very much involved, so much so that there is no possible hope of resuscitating it, or utilizing it in the efforts we shall make toward restoration of the part. In fact it is a condition allied to the same as we see and know exists in the bone itself. In other words it is necrosis of the entire shaft or portion of the principal bone of the leg, involving the soft tissues partially and the bone entirely, excepting the articular ends epiphysis. Examining

ation of the joints, although they look somewhat disturbed in their entirety, as for instance the external structures or membranous portion of the joint, are somewhat softened throughout their texture and appear outwardly somewhat œdematous and effused; in other words anasarous or dropsical. Both joints appear to move with freedom but are of course much relaxed, and appear very loose in their mechanism. This is, of course, in keeping with the general prostration and almost entirely exhausted condition of the system. There is no special pain upon manipulation or to the sense of touch. The patient does not suffer much pain now, but did when the bone was inflamed, and during the stage of active inflammation of the bone known as Osteitis, the latter as also during the period of caries or ulceration of the bone being a condition allied to Ulceration and the former a condition of turgidity and congestion of the parts locally. This latter condition tends to produce inflammation, which in turn results in caries, or ulceration of the bone, and will lead to necrosis or complete death of this structure.

This then is a case of necrosis of the tibia, due unquestionably in a degree to constitutional disturbances which you may readily trace to the general system. A careful and concise inquiry into the case may reveal a venereal antecedent, which, however, is very remote if it exists at all. We have nevertheless a marked strumous or scrofulous diathesis present which will account for, and is undoubtedly indicated by the history of the case as well. This is a very important feature and must be duly regarded; unless you do this and thoroughly treat the case thus, you will utterly fail to arrest the destruction going on in this boy's system, and the consequence will be an early death. Not only is it absolutely necessary to do this but also to remove the diseased condition locally. This we can only do by means of mechanical surgery and will consist in the removal of the entire diseased structure locally.

About 3½ years ago the patient, while playing near a railroad, was thrust by one of the employés under a moving train, which, to quote his father's words, "scraped his right foot" severely, severing the great toe and injuring the forward portion of the foot, wrenching, at the same time, the corresponding ankle joint. He suffered considerably in consequence of this act on the part

of the employé, but seemed to have recovered from this injury. Early in October, 1876, while in the act of rising from a sitting posture, felt something give way in the right leg, from which he has suffered more or less pain, and for which he has been under treatment ever since. The leg became very much swollen and painful from the knee to the foot. Soon after, an eruption, pustulous in character, appeared on the anterior surface of the leg, which has been steadily growing worse. These numerous fungi which you see covering the diseased limb on its anterior surface and side, indicate and correspond to a diseased or necrosed condition of the bone. There is more or less exuding of a sanguineous sanies from all of these numerous openings, which give the surface a honey-combed appearance. As I introduce the probe, you perceive it causes the patient no suffering whatever, and passes readily in to a considerable depth. There is an increase at the patient of introduction of the discharge. This circumstance proves conclusively that there is profuse suppuration and destruction going on the medullary structure, within the compact portion of the bone. There is unquestionably lesion of the entire tibia excepting the articular ends or epiphyses of the bone. The sound emitted by the sense of feel and hearing is that peculiar grating sound always emitted by the presence of necrosed or dead bone, and there is always more or less of a fœtor or offensive odor emitted with the discharge, and which is present in this case.

(To be continued.)

REPORT ON MEDICAL EDUCATION.

TO THE HOMŒOPATHIC MEDICAL ASSOCIATION OF ILLINOIS, MAY 22ND, 1878.

BY R. LUDLAM, M.D., OF CHICAGO.

Mr. President and Fellow Members:—I am tempted to respond to your invitation to report upon this staple subject, 1st because it is one in which all earnest physicians are interested; 2nd because there are a few things that remain to be said upon it; and 3d because I have never yet troubled this, or any other society, with my views on this matter.

More than thirty years of professional study and practice, about twenty of which have been

spent in medical teaching, have furnished me a field from which to glean such facts and conclusions as may be worthy of record. And my experience as a member of the State Board of Health, in the examination of several hundred candidates for the license to practice medicine in the State of Illinois, affords an additional excuse for my consenting to be heard upon this question.

Nevertheless, I approach it with feelings of diffidence and of distrust, but with a determination not to cloud my meaning by a multiplicity of words, nor to weary your patience with the length of my paper.

It has always appeared to me that the subject of Medical Education has been discussed in a one-sided manner. Nearly all the talk concerning it has been limited to the *Colleges*, what they have done, and what they have not done; what they should do, and what they should not do; the length or the brevity of their courses; the number of branches taught; the popularity, age, fitness or otherwise, the success or the failure of the teachers, the fees, the quizzes, and all that sort of thing. With many the style has been, and still is, to lay all the defects of medical training at the door of these institutions, which are manned by those who work without pay and "find themselves;" who strive to make good doctors out of poor material, when it is brought to them, -and in a limited time, and who send them forth to join the ranks of those who are sometimes as ungrateful as they are incompetent.

Acting upon the theory that the standard of Medical Education could be elevated by the adoption of the old Collegiate system of graded courses in our medical colleges, such an attempt was made in the most of them several years ago, but it was afterwards amended or abandoned as impracticable. For twenty years our National and State Societies have called forth one report after another upon this subject, and resolved that our Colleges should lift these educational interests out of the mire. Earnest men, here and there, in our Faculties have labored faithfully and persistently to this end; but the same defects remain, and they pertain no more conspicuously to the schools of our own faith than to others.

The fact is that we do not, and can not progress very far in the right direction until we

begin to realize that there are at least *two* parties to the contract in the matter of educating any one to become a physician. And the first of these is not the College to which the pupil goes, but the *Preceptor* from whose office he comes. Like teacher, like pupil, the world over. If our students had all received a classical training when they matriculate with us, the case would be very different, and we might continue them to a still higher grade. But, in this benighted country at least, it is not so, and we are forced to take them as we find them, and to do the best we can with the material at hand.

The drawback on the Colleges is the lack of preliminary training on the part of a more or less considerable proportion of their pupils. There is not a faculty in our whole connection which can run a common school for them. And if the intellectual plan of the half or the tenth of the class is low at the beginning, the medical course that is given must be of a simple, elementary, practical kind, or it will do these pupils but precious little good.

There is indeed a sort of compensation in the matter of clinical teaching, and a student who cannot write or speak correctly may glean a great deal from a hospital course. The object lesson may post him in the art of medicine, surgery or obstetrics; but it will not qualify him at all points, or make amends for what he lacks in matters of science.

It is true that we need a higher system of medical education, and that the standard of our professional attainment is too low. This fact has had many illustrations in our literature, our professional intercourse, and from what I have learned, upon the floor of this meeting. But you may depend upon it that all the College Conferences that can be called; all the resolutions that can be framed and adopted by our Societies; all the work and money of our Professors, good bad and indifferent, will not and cannot remedy this state of things without the active and earnest co-operation of our Preceptors.

If the Preceptors shift the responsibility upon the Schools and then find fault with them, it is as if a father should leave the training of his child to its mother, but still continue to undermine her influence. How many physicians are in the habit of criticising our medical teachers who never have been seen in a college since the day of their graduation! Some of these croakers

may still be in debt for their tuition; others may have been coached through the course of study and kept from the poor-house by a kind-hearted member of some college faculty at a time when they had no friends. Now and then one of these fellows, through an inscrutable Providence, finds himself upon the *idiot* or *lunatic* corps of a medical newspaper; and, no matter whether he knows anything of disease, or has ever seen a patient in his life, considers himself competent to teach his instructors how to do their duty.

But a still larger number of physicians who mean well are guilty of neglect and of want of thought in this matter. They delegate the whole business of medical education to the schools, and perhaps do not discriminate very closely as to which of them is reliable and responsible. This is done in the same way that professional men, as a class, turn over their boys and girls to the care of others. And the result is very similar. It will not be strange if the student who has been overlooked, or who has run wild in this way, comes to the college with as little respect for its corps of teachers as he had for his preceptor at home.

The first requisite of reform is to begin at the source of supply, and to select our pupils with the same eye to fitness, and to preliminary qualification as the clergy and the laity have for the priesthood. There is not a theological seminary this side of Jerusalem that would undertake the job of making parsons out of some of the material that is sent to some of the medical colleges in this country.

In the attempt to elevate the requirements the Colleges may put the manger so high that the student cannot reach it; but that will not obviate the difficulty. For, unless he has already acquired such habits of thought, and such a general education as will fit him to understand and to appreciate what he hears in the lecture room, the more we preach the "higher mathematics" of Medicine the less he will know in a clear and intelligent manner. And the multiplication of studies, of teachers, and of daily lectures and stuffing will only make matters worse instead of better. Indeed, in my judgment at least, all the schemes that have been devised will fail of efficiency until we begin at the foundation.

My idea Mr. President, is not to dodge the

responsibility, but to divide it. The Colleges should not be called upon to carry the whole burden. We can bear our proportion of it, and will do so cheerfully; but it might as well be understood that we cannot *always* make the best flour from an inferior quality of wheat. Those who ship us the grain ought certainly to be interested in having it winnowed beforehand.

The Hahenemann Medical College and Hospital of this city, which I have the honor to represent, and of which nearly one-half of the permanent members of this Society are graduates, is and has always been deeply interested in the subject of medical education. We realize that the character and dignity of that institution, its reputation and welfare, its honor and usefulness, its growing popularity, and its perpetuity must hinge upon the good faith of its friends, and the good works of its Faculty and Alumni. We join hands with every earnest man or woman who really desires to overcome the defects of the old system of medical training, and who, in a practical way is ready to labor for this purpose.

To this end we have nothing to say of other Colleges. Our course is plain. Our business is not to pull down and destroy but to build up; not to demoralize our ranks, but to develop our resources; not to discourage the beginner by abusing the veteran; nor to arm our enemies for the task of cudgelling our friends.

We appreciate to the fullest extent the self-denial, the hardships, and the peculiar discouragements of each and every one of our pupils. We know the disadvantages under which our preceptors have labored, and the efforts that many of them have made and are now making. Year by year both these groups of friends have helped to improve the quality and standing of our college-classes. Within the last two years especially, their mutual determination has wrought a wonderful change in the stamp and character of those who have listened to our teachings. And nothing in my long experience as a teacher has been so exceedingly grateful and satisfactory.

If this Association sees fit to adopt such a plan as was put in operation by the Alleghany County Medical Society, at Pittsburg a few years ago, our College would be very glad to see it done. The members of that Society, most

of whom are known to you, agreed substantially that none of them would send a student to College until a proper Committee had examined him and passed upon his fitness and preliminary qualifications. And then the student should receive and carry with him to the Dean of the College a certificate to that effect.

If this Association will do a similar thing, and carry it out in good faith, the old Hahnemann College will agree to send out the best batch of young doctors the world ever saw.

RENAL CALCULUS—EXTRACTED BY SUCTION.

NEW METHOD OF RELIEF.

BY HENRY W. ROBY, M.D., CHICAGO.

CASE.—Mrs. B. who has a history of renal colic and gravel, covering a period of several years, at midnight on June 2nd was suddenly seized with intense pain in the region of the right kidney, of an intermittent spasmodic character. Her agony was intense; the family thought her dying. She described her pain as commencing in the kidney and thence extending along the track of the ureter to the bladder and thence down into the thighs. Her face was alternately pale and flushed, pulse variable, but mostly small and weak, extremities cold, cold sweat on face; almost complete strangury; urine scant, thick, high colored; constipation; nausea and vomiting. I gave *Nux vomica*, *Colocynthis*, and other remedies during that night and following day. The patient was frantic with the pain which did not abate during the whole day, except while she was under the influence of an anæsthetic or a narcotic. I gave moderately of chloroform at intervals until afternoon, when upon learning that she had often taken and borne it admirably, I gave her a grain of *Morphia*, and she rested very quietly for a time.

About four P.M. the narcotism passed off and she then suffered still more acutely than before, (as patients often do after *Morphia*.)

From that time on, the Calculus made no progress, but seemed to be firmly lodged about midway between the kidney and bladder. A tobacco poultice over the bladder had relieved the strangury.

At 8 P.M., I planned and performed the following operation:

To a large double acting *Molesworth* aspirating syringe, I attached a rubber tube about twelve inches in length into the remote end of which I inserted the outer or open end of a female catheter. I inserted the catheter into the bladder, pushing it well back into the region of the orifice of the ureter. Around the catheter externally, I applied a collar of linen, which was impacted firmly against the *meatus urinarius externus* and held *in situ* by an assistant, so that little or no air could pass alongside of the catheter into the bladder.

I then began pumping out the remaining contents of the bladder. A few strokes of the piston, evacuated the bladder completely. I continued the pumping process exhausting the bladder and producing a partial vacuum, with perhaps from three to five pounds pressure, when suddenly the patient made a quick, sharp, outcry and said, "There it comes, thank God."

I then released the suction and the patient at once sank into a state of perfect quiescence.

The sound gave the desired evidence of the calculus lying in the bladder.

A little blood was passed with the urine during the succeeding two or three evacuations of the bladder.

One or two minutes after the operation the patient had a slight after-pain, since which time there has been entire freedom from pain, in both ureter and bladder.

During the next twenty-four hours, there was considerable soreness in the region of the ureter and bladder, and to some extent all through the abdomen, which *Arnica* relieved in due time.

Probably no disease gives the patient more intense agony than renal calculus where the stone is of any considerable size. And from the inception of medicine to the present time, surgery has been powerless to relieve a patient suffering from renal calculus, when the stone lay in the ureter.

I have found *no* reference in any work on surgery to the use of *suction* in this malady or kindred ones, and I conclude that this device is new and original. This mode of extracting calculi seems about as simple as sucking an egg or an oyster out of its shell, but whether it will prove successful in all cases remains to be seen.

What are the possibilities of this method elsewhere in surgery? At the first opportunity I shall by this method attempt and expect to aid very much the extrusion of biliary calculi, although that will be a more complex operation.

In that operation, the bowels will have to be exhausted of their contents and the patient made to hold the breath during the twenty or thirty seconds necessary for greatest degree of exhaustion, and if one exhaust does not suffice, it may be repeated. Of course care must be used, not to exhaust in any such operation too forcibly for fear of inducing capillary hemorrhage, nor, too abruptly for fear of unwarranted laceration.

In renal calculus where respiration is not interfered with, suction of a more or less power may be applied from the time the stone engages in the ureter until its extrusion and thus aid it in making a very rapid transit.

Suction can also be advantageously applied in cases of stone passing through the urethra in the male subject, and also in extracting moles and polypi from the uterus. In the hands of villains it will be an easy means of abortion.

First trials of new devices often fail for want of perfection in detail, but my device worked perfectly at the first trial.

I hope the profession will try the device, intelligently and carefully and then be kind enough to report results to me either by letter, or through the journals. *

ON THE TREATMENT OF SCARS BY INTERMITTING PRESSURE.

BY DAVID WARK, M.D., NEW YORK.

The inventive resources of surgeons have been severely taxed to devise means for the relief of the distress and deformity often caused by large cicatrices formed over the site of deep and extensive wounds, burns and scalds. So far as I know, there are no means by which curative results can be obtained so valuable as those due to the careful and persevering employment of intermitting pressure, combined in some cases with methodical extension.

Every surgeon knows the influence of continued pressure in causing local absorption. Not only does the skin and cellular tissue

rapidly yield, but the toughest fibrous and cartilaginous and the hardest osseous structures are readily melted down and removed by absorption under the power of even gentle pressure continuously applied to the living tissues.

By the careful and persevering application of this principle, used in the manner hereafter indicated, very notable improvement can be obtained in scars of the severest character, while in cicatrices of moderate size and depth the color and texture of the cicatricial tissue, can be assimilated so closely to those of the surrounding parts as to defy detection except perhaps on careful inspection.

In treating scars of small or moderate size, the requisite pressures may be made with the thumbs, but in attempting the removal of large cicatrices this method is very tiresome, and an apparatus adapted to the work is necessary to secure the best attainable results in the shortest possible time.

Each pressure should be applied for about two seconds with sufficient force to interrupt the circulation, the same interval of time should then be allowed to elapse in order to permit the blood to resume its course.

The treatment should be applied daily, and should occupy from twenty to forty minutes, according to the condition of the scar and its capacity to bear stimulating treatment without causing ulceration.

The pressures should never be applied with sufficient force nor continued long enough to cause pain, and if tenderness or erythema are developed, operations must be suspended until it has disappeared. If this point is not carefully observed scars may rapidly ulcerate under treatment, particularly if they are thin and weak, having been recently formed, cicatrization always advances from the circumference to the centre, and the sounder the recently formed cicatricial tissue is, the more rapidly will the healing process advance to the centre, and the stronger the scar will be when nature's work is done. In attempting the improvement of a scar by the treatment here advocated, these facts teach us the necessity of applying the pressures around the margin of the cicatrix. There is nothing to be gained in treating the central portions of a large scar before the texture and nutrition of the parts nearer the sound skin have been decidedly improved.

* NOTE.—Since the above, Dr. R. reports another successful operation.

The treatment of scars by intermitting pressure is sufficiently simple, yet by varying the force with which the pressures are applied, and the frequency and the number of the applications very various and valuable results can be obtained, for instance: The cicatricial line remaining after an operation for hare-lip can be obliterated. The absorption of the redundant tissue of irregular elevated scars remaining after the healing of strumous cervical ulcers, can be effected and the surface smoothed down to the level of the adjacent parts, to the great delight of the fair bearers of these prominent and unsightly evidences of a vitiated constitution.

The abnormal colors, red, bluish and purplish, often observed in the cicatrices of wounds and ulcers that have healed very slowly by granulation can, by the persevering use of intermitting pressures, be made to fade out and give place to a color very closely resembling, in many cases, exactly matching the adjacent integument. Still, no matter how nearly the surface of a scar may be made to resemble true skin, it never acquires the normal anatomical structure of that tissue; no hairs grow thereon, nor are sebaceous nor sudoriparous ever glands developed therein.

The cicatrices uniting deep wounds are often very dense, and when wounds of this character pass through parts that normally contains much white connective tissue, the scars are not unfrequently so hard that some surgeons have described them as being osteoid. The resources of the treatment by intermitting pressures, combined in such cases by deep lateral vibrations, are competent to soften scars of this obdurate sort, even when the dense cicatricial tissue extends from the surface down through the soft parts to the periosteum of the underlying bones. Old scars very often assume a dead white color, and the surface becomes slightly depressed below the level of the surrounding parts. Changes that seem to be due to the diminished blood circulation in the cicatricial integument. The ghastly paleness of the complexions of persons who have suffered many years before from a severe attack of smallpox, is another effect of the same cause.

Surgeons who have never tried the treatment here advocated, are surprised to observe how

rapidly the surface of scars that have assumed an almost chalky whiteness, acquire a more healthy lifelike color, a change due to increased vascularity of the part, and the vigorous blood circulation induced by the treatment.

The sensibility of scars is usually below that of the skin generally, but co-incident with the improvement that appears in the color, texture, and vascularity of the cicatricial tissues under treatment, the tactile power also improves, sometimes continuing to do so for a considerable time after the treatment has been discontinued, a circumstance that might be expected, seeing that the restoration of nerve tissue and function is slow even under the most favorable conditions.

The glazing usually observed on recently cicatrized surfaces, is very readily removable by treatment, this is commonly the first evidence of improvement obtained; in a short time bright and very smooth scars begin to lose their vitreous appearance, and already form wrinkles when moved, the increased thickness of the folds of which also proves that the cicatricial cuticle has begun to bear a closer resemblance both in volume and color to true skin.

The contraction that occurs in the granulations around the edges of an open sore, greatly favor the healing process, and has the farther advantage of leaving a scar much smaller than the original denuded surface, but it unfortunately continues, and in many cases does not attain its maximum for many months or even years after the completion of cicatrization. The contraction that takes place in scars resulting from burns and scalds is greater than in those produced by any other cause, particularly when the whole thickness of the skin has been destroyed. In such cases the cicatrix contracts with a power that to unaided nature is practically resistless and frequently causes very great distress and deformity.

The primary contraction of scars is due to consolidation of its texture, and the secondary, to the slow development in it of yellow elastic tissue. Large scars treated by intermitting pressures, applied shortly after they have healed never contract to any injurious extent, and although contraction is going on it can be prevented and the damage remedied to a greater or lesser degree.

The earlier the treatment of a scar is commenced after cicatrization is completed, the more rapidly a favorable effect will be attained.

Finally the use of the glycerole of starch seems to be useful for softening the surface of scars, and enabling them to bear more vigorous treatment.

LARYNGISMUS STRIDULUS.

BY J. N. TILDEN, M. D., PEEKSKILL, N. Y.

Two cases of this disease have recently been under my treatment, with results so satisfactory that I hope a short account of them may be not uninteresting. It is not unusual for children during a fit of anger to suffer from a slight temporary suspension of respiration, but from which they do not suffer any bad effect. This slight temporary suspension of respiration is to be distinguished from a condition amounting to serious disease, which is known by different authors by the various terms—Laryngismus stridulus, internal convulsions, child crowing, spasm of the glottis, etc.

The etiology, pathology, and treatment of this affection, have in the old school been subject to as many theories and speculations as there were authors to write upon them, and the general conclusion seemed to be that hygienic measures were of greater importance than medication. One authority states, that the prognosis should always be guarded, as these cases are always serious. Another no less an authority than Dr. Tanner, says that "convalescence is always tardy;" but without farther digression let us proceed to consider the cases above alluded to.

Case 1. A delicate child, aet. 8 months, artificially fed, digestion in perfect condition. His paroxysms were always precipitated by crying from anger. They were characterized by a sudden and complete cessation of respiration, as if the rhima glottidis were completely closed to the entrance of air and accompanied by alarming lividity of the face, lasting for from 10 to 20 seconds, when the first inspiration would be accompanied by a shrill crowing sound almost identical with the characteristic inspiration of whooping cough. After this prolonged inspiration the breathing would be irregular and sighing, and the discolored features would be followed with pallor, accompanied with great prostration, and cold perspiration

lasting for half an hour or more. These alarming attacks occurred at irregular intervals, sometimes daily, oftener at longer periods. Strict attention to regimen, abundant out door recreation was directed, and Belladonna 1st. dec. given internally every two hours while awake. A marked diminution in the severity of the symptoms was at once noted, and after a few days treatment the attacks ceased entirely.

Case 2. Child, aet. 9 months. Suffering from teething and indigestion, had paroxysms every time he waked from sleep. In this instance they consisted of ineffectual spasmodic efforts at respiration, attended with the same shrill crowing sound mentioned as occurring in the other case. This patient did not have so much congestion, nor were the paroxysms followed with so great prostration as in the previous patient; but during the attacks, which lasted one or two minutes, it seemed as if the little fellow must surely suffocate.

The difference of symptoms noted in the two cases, was probably owing to the fact, that in the first case the rhima glottidis was entirely closed; and in the second, although rigid and unyielding, it was open sufficiently to allow the entrance of a limited amount of air.

The treatment was the same in this case as in the preceding one—Belladonna—and the result was equally prompt and satisfactory. The paroxysms were at once ameliorated, and after three or four days there were no more symptoms of them.

Although we cannot, even in a majority of cases, hope for so sudden and perfect a remedial effect as was produced in these patients, yet they give us a nice illustration of the brilliant results which the law of similars is capable of giving, and at the same time show its superiority over the bewildering maze of speculations in which the old school authorities indulge when treating upon this disease.

Scutellaria Lateriflora (scull cap) is claimed as curative in hydrophobia. Why should not we expect to find a specific antidote for this dreaded poison, as well as for the *Crotalus horridus* which is so thoroughly met by the Plantago Major?

Holman's Ague Pad is said to be composed largely of *Olibanum* (Frankincense.)

The Homœopathic Times.

A MONTHLY JOURNAL
Of Medicine, Surgery and the Collateral Sciences.

Editors:

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

EXCLUSIVE SYSTEMS OF MEDICINE.

A picture in one of our old school books represents CANUTE standing on the shore of the ocean, surrounded by his court, and telling the waves to roll back and dare not touch the feet of his sacred majesty. But the story says the waves did not roll back, but rushed onward with resistless power, and the king and his court were obliged to fly with more haste than dignity to escape destruction. We are reminded of the old king with his arrogance in the recent action of the *American Medical Association*. They purpose in a change of their "code of ethics" to make it "derogatory to the interests of the public, and the honor of the profession for any physician or teacher to aid in any way the medical teachings or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine." In other words, before a young man can obtain the advantages of their distinguished services, they propose to become his conscience keeper, to take away his right of independent thought and individual action, to make him no longer a free moral agent, but to surround him with the iron wall of a dogmatism and exclusiveness unparalleled since the days when the old Roman Church, in the height of its power, held in vassalage the

bodies and souls of the so called christian world making them simply tools in its hands.

In the nineteenth century, when mind seems to be soaring with a freedom never known before into new regions of thought, the representatives of a great profession claiming to be guardians of public health, the conservators of public morals take their stand like the old king on the shore of the vast ocean and stretching forth their hand command the rising waves of thought and free investigation to roll back, nor dare advance except as they shall dictate. Perhaps they dream of another Henry standing trembling and barefoot at the gate of their power and forget that Gregory does not rule now, and that the anathemas of any would be exclusive sect produce no more effect upon the great world of mind and free scientific investigation than the toot of a penny trumpet.

It is a matter of some interest to settle a little more definitely the terms "*irregular and exclusive*," which are so freely used on all occasions by that bitter and exclusive sect who have so long sought to dominate over the medical world. If there is any meaning in language, any organization is a sect which seeks to bind the consciences and minds of its members to a prescribed line of thought, and dictate, with severest penalties for disobedience, the precise grounds of professional fellowship. The more arbitrary are these rules, the more exclusive is the sect; only from a sectarian standpoint can it be called *regular*. It bears no resemblance to the catholicity of true science, which seeks to restrict no man's liberty of thought and chains no man's conscience. Any man who would restrict the science of medicine to a single idea or set of ideas is exclusive and irregular. Any college which closes its doors to the admission or discussion of new ideas except they come through prescribed channels is unscientific, sectarian in the meanest sense of the word, and thoroughly false to its trust. If men have devoted a life time to the

careful study of some special subject, enjoying all the facilities which large public institutions can bestow to perfect themselves in their speciality, and then hedge themselves round with codes of ethics and proclaim that they will have no professional intercourse with any one unless he can repeat the shibboleth of their sect, they will in time stand out, in spite of all their assertions to the contrary, as *irregular, sectarian and exclusive*. As the public mind becomes better informed in regard to our profession, it will decide this question for itself, and tell some of these men who have so long fed at the public crib to step down and out, or perform their duties less in accordance with the narrow and dogmatic spirit of a sect, and more in accordance with the broad liberality of true science.

LAKE GEORGE.

The next meeting of the American Institute is to be at one of the most charming lakes in the world. New York would have been still better as it would give the members an opportunity of enjoying excursions to the ocean and up the sound. Will President Wesselhøft have some definite understanding among the heads of bureau's to bring out if possible papers which will place our school by the fullness and minuteness of its investigations in the front rank of Scientific Societies. The ability is in our school. Now is the time to come to the front.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY, TO OBSTETRICS, AND THE DISORDERS PECULIAR TO WOMEN AND CHILDREN, BY HENRY N. GUERNSEY, M.D. WITH NUMEROUS ILLUSTRATIONS. THIRD EDITION. REVISED, ENLARGED AND GREATLY IMPROVED. BOERICKE & TAFEL, PUBLISHERS, 1878.

The fact that three editions of this large work have been called for since its recent publication, is a convincing proof of its popularity with the profession. The author has thoroughly revised each edition, availing himself of the most recent scientific discoveries and

the ripest experience of his brethren in the profession. The book is a store-house of information gathered together by an intelligent and discriminating mind from a large number of able and earnest workers in this department of our art, and enriched by the clear and forcible observations and extensive practical experience of the author. His description of the process of labor is excellent, and his instructions as it regards turning and instrumental delivery, all that can be desired.

He objects to the bandage after delivery. In this he agrees with many of our ablest *accouchers*, both in this country and in Europe. Our own experience is in direct conflict with this position. We are confident the majority of cases do much better with the bandage, and the matter we think should be decided for each case as it occurs, being influenced in a great measure by the comfort of the mother. We cannot help the conclusion that homœopathic principles are sometimes applied where they are uncalled for, and to the positive detriment of the patient. In post-partum hemorrhage for instance, if the physician waits for the action of the carefully selected homœopathic remedy the chances are his patient will slide out of his hands before the remedy has had time to act.

In the nausea of pregnancy the author confines himself to hygienic measures and drug medication. We have seen cases however, where the most carefully selected homœopathic remedy proved utterly useless to even palliate the distressing symptoms, which were promptly relieved by a strong solution of nitrate of silver to the os, or a change in the position of the womb. The homœopathic principle, far reaching as it is, should not be made to do duty out of its legitimate field, or be held so closely to the eye that nothing else can be seen. The author is particularly clear where he discusses the history, symptoms, and pathology of disease. His treatment is generally excellent, his selection of drugs being aided by his key-note system, which facilitates to a wonderful extent the choice of remedies. And yet so closely does the author adhere to his strict, and we think not alway correct interpretation of homœopathic principles, that he makes no mention of remedies which we have often used with the most beneficial results. For instance in laryngismus stridulus, we have obtained more re-

lief from bromide of potash, chloral, or belladonna, than from any of the remedies in his list. In Cerebro-spinal menengitis, *secale* the remedy which we have found in certain stages more potent than any other is entirely omitted. We are inclined to think, any one attempting to treat tape-worm by the authors plan, would find a rather tedious job resembling somewhat a suit in chancery.

There are so many things to praise in this excellent work, such evidence of ripe scholarship, that we cannot help regretting that the author is so enthusiastic a homeopath that he sometimes puts his favorite theory in positions which do it but little credit, and has a tendency to weaken it in public estimation.

A TREATISE ON TYPHOID FEVER AND ITS HOMŒOPATHIC TREATMENT, BY C. F. PANNELL, M. D., ITALY. TRANSLATED BY GEORGE E. SHIPMAN, M. D., CHICAGO. WITH COPIOUS ADDITIONS. CHICAGO, DUNCAN BROTHERS, PUBLISHERS, 1878.

In the general discussion of the history, varieties, causes, symptoms, and pathology of typhoid fever, this is one of the best monographs we have seen upon the subject. It is evidently the work of a man of extensive reading, and careful practical experience. The book is enriched with judicious notes by the accomplished editor, and rendered still more valuable by the concluding chapter, which is a careful analysis of the symptoms of typhoid taken from Hering's "*Specimen of Analytical Therapeutics*." We cordially commend this work to our professional friends.

VARIOLA AND VARIOLOID.—Dr. Barrow in the *New England Medical Gazette*, says: "I have never seen a true exhibit of varioloid but in kine-pox. The varioloid of the schools is but a modification of variola; modified either by a preceding vaccination with the pure pox, or by repeating itself, as it sometimes does, in the same subject. When this kind of varioloid propagates itself the product is always genuine small-pox. True varioloid cannot be variola and cannot propagate it. The kine-pox I believe to be the true varioloid, and it is found to be a complete substitute for, a sure prophylactic of, the small-pox."

Correspondence.

AMERICAN INSTITUTE OF HOMŒOPATHY.

EDS. HOM. TIMES:—The meeting of the Institute at Put-in-Bay, June 18th to 21st, while not as well attended as in former years, yet in many respects was more satisfying and satisfactory than usual. Whether owing to the increase in the dues, or what not, the applications for membership were much smaller than ever before; but sixteen names were presented, one of which, a youthfull and not unduly modest professor in one of our Western Colleges——, was subsequently withdrawn at the request of the Board of Censors. The objection to the presentation of this name was that he had caused an announcement to be printed, in six or eight papers, that he was "one of the delegates to the World's Congress in Paris on Aug. 6th," when he was not even a member of the Institute. While all the Bureau's were represented by good and carefully prepared papers, the Bureau of Surgery was particularly complimented. This bureau has always aimed to have the assigned topics well worked up, and on this occasion, "*Tumors*" was treated exhaustively. Seven microscopes were used to illustrate all the varieties of tumors, and the various papers were fully illustrated in this manner. The Bureau of Ophthalmology was likewise well represented, and not at all behind their colleagues on Surgery. The papers in the other Bureaus were of a high order of merit, but the commendable portion in the two former was the systematic manner in which their subjects were treated.

It would be a matter of congratulation if the different essayists would adopt the plan of Drs. Beckwith and Franklin; viz., present a mere synopsis of their papers, of those points particularly which are calculated to draw out discussion. While some of the papers, particularly that on Sarcoma, were excellent, yet being not in any sense original, and treating on subjects more or less familiar to all who heard them, the Institute might well be spared the listening to such long and sometimes wearisome arguments (?). As the design of the Bureau work is to furnish complete treatises on the assigned subjects, it is essential to furnish papers full and complete, but certainly there can be no occasion for worrying the hearers with papers of condensed text-

books, for one line or more of original matter. This is a matter that should engage the earnest attention of the Institute at an early day. Our proceedings would be more varied, and the amount of interest largely increased by shorter papers, and longer debates.

Again the Institute meets in the woods; this time it was voted to go to Lake George. Many members are of the opinion that these out of the way places injure the prestige of the society. Often the press despatches are meager, at times wanting entirely. The papers in Detroit, Cleveland, Toledo, and other places had not a line of the last transactions. Chicago, meager reports, and New York and the eastern cities but little better. This great national and representative association, has not remained in session a week, adjourned and few knew of it. It has no influence outside of the limits of a 200 acre island, and thousands will never hear of its doings, while they should be of interest to nearly every one. Fraternally Yours, SENEX.

A REPLY TO DR. R. C. SABIN.

BY E. W. BERRIDGE, M.D.,

In the May number of the HOMŒOPATHIC TIMES, Dr. Sabin asks some questions to which I will endeavor to reply.

(1.) I do consider "Hahnemannism" and "Homœopathy" to be identical; I hold that while every physician has the right to practice according to any system or combination of systems, he cannot honestly deviate from that system the name of which he assumes. He need not call himself a homœopath unless he likes, but if he does so, he is bound to practice according to the laws of homœopathy, and if these are not to be found in the writings of Hahnemann, where are they to be found?

(2.) The theory of potentization is of little moment, but the fact of it, is an essential point of homœopathic teaching, on no other ground can we explain the fact that substances inert in their crude state acquire medicinal properties through the process of dilution and succussion. If we deny the fact of potentization, we deny all the cures made with *Alumina*, *Silicea*, etc. Further, if we deny the universality of potentization, we deny Hahnemann's oft repeated statement that the higher potencies act the best, provided the remedy is to us homœopathic. If Dr. Sabin refers to the ensuing (3rd) number of "*The Or-*

ganon" he will find that the fact of dynamization has been known for centuries.

(3.) We must confine ourselves to the single remedy, because as our remedies have been proved singly on healthy persons, in no other way can we give them according to the law of similars, if we alternate or mix our own remedies, we depart from this law, and give them according to a mere hypothesis as to what their combined or alternated action on the healthy would be. We must give the minimum dose, because no one with any pretence to common sense would give more than was enough. What constitutes the smallest dose that can cure must be decided in each separate case, the repetition of the dose is one of the most difficult problems to solve. Let me here point out that Dr. Sabin is in error when he says that "at least in one instance Hahnemann advises the use of two remedies in alternation". If Dr. Sabin had investigated Hahnemann's writings, he would have found many more such "instances," but Hahnemann never meant by such "alternations" the alternation of two medicines irrespective of a corresponding change of symptoms. On the contrary, in the very instance that Dr. Sabin quotes he says *Acon.* and *Coffea* are to be given alternately, in proportion as one or other medicines is indicated.

(4.) With regard to olfaction, Hahnemann did not adopt it in all cases. He speaks (*Organon*, 285 note,) of adopting that method "in the case of a very sensitive patient, to employ the smallest possible dose." I have used medicines by olfaction and have taken them myself in that way, with good results. The late Dr. James Lillie told me he had given remedies thus with excellent effect.

(5.) I have only met with one case where magnetism was indicated by the symptoms, and I accordingly gave it. Several cases have been recently reported in which the magnet has been used, and if Dr. Sabin will refer to the provings of magnetism in Hempel's *Jahr* (unjustifiably omitted by Allen in his *Encyclopædia*) he will find many symptoms which have been clinically confirmed.

(6.) Hahnemann's chemical theories have nothing to do with the laws of homœopathy, and mesmerism is outside it, also, nevertheless, I do believe in mesmerism, and have practised it curatively myself.

May 27th 1878.

PICRIC ACID

OR

A FEW COMMENTS ON A BIT OF
"MASTER WORK."

BY

LOUIS B. COUCH, M.D.

NYACK-ON-HUDSON, N. Y.

Prof. Sam'l A. Jones, in criticising my experiments with Picric Acid, has made so many false statements concerning me, that in answering him I hardly know where to commence or where to end. He begins his very ingenious article with the following quotation :

"The picrates ! the picrates !" shrieks the mad-man ; "we shall all be blown up ! The picrates will blow us all up !" *Survivors of the Chancellor*, p. 61, (Jules Verne).

In more than one way does our Jersey physiological genius betray his close study and imitation of the scientific writings, and discoveries of Jules Verne. ("Twenty thousand leagues under the sea" "From the earth to the moon" etc. etc.) And especially is this noticeable of his latest production, his article upon the physiological action of Picric Acid, wherein he describes with Verne's style and verbiage, his wonderful discovery "fatty degeneration" of the red corpuscles of the blood. The discoveries of these exceedingly clever writers are both alike credible, those of Verne, however, being entitled to the more consideration from the fact that he wrote scientific nonsense without expecting people to believe him. He wrote and amused his readers; Jones wrote and abused his. Verne's writings were eminently successful in filling his coffers ; Jones' will be equally successful in filling coffins.

Your readers will doubtless remember that in the April number of the TIMES, I took occasion to prove the falsity, and utter absurdity of the theories and pretended discoveries of Prof. Jones, showing by experiments upon animals that the blood-corpuscles of picricised animals, which he claims are destroyed by "fatty degeneration," remain even after tremendous doses of the drug, in a perfectly healthy condition.

When my paper was read before the N. Y. Co. Med. Soc., a specimen of the blood of a dog taking 66 gra. of Picric Acid per day, was submitted to the Society for their judgement, and Prof. Allen, an eminent microscopist, on examining it, said, "That blood is all right, there is no "degeneration" about those corpuscles."

I frequently examined the blood of all the animals I experimented upon, and in no case, not even after death, was there the least change from the normal condition in the blood-corpuscles.

The author of that "fatty degeneration" vagary never has, and never can produce with Picric Acid, the condition of the blood-corpuscles so accurately described by him ; nor has he any authority whatever for his statements, as he himself well knows. He has deliberately made and published as truth, statements about his pretended discoveries concerning this drug, which never were made by him or anybody else ; but are simply products of his vivid Verne-like imagination.

But some friend of this astute Jersey-man may say Prof. Jones has authority for his statements. Prof. Erb, of Heidelberg University, has experimented with Picric Acid, and found that it produced "fatty degeneration of the red blood-corpuscles," "demonstrates" an impairment of the "oxygen-bearing function of the hæmatine," decrease of the body heat, and final death from "asthenia." Dr. Jones quotes from Erb's experiments with *Picric Acid*, and shows wherein he (Erb) and you are at variance.

To such shortsighted, and credulous followers of Dr. Jones, I would say, that in the first place *Erb never has* experimented with, or wrote a pamphlet on, *Picric Acid*, *per se*. 2d, Never has said that it produced "fatty degeneration of the red blood-corpuscles," 3rd, Never has "demonstrated" that it impaired the "oxygen bearing function of the hæmatine" 4th, Never declared that death from it, was produced by "asthenia." But where does Prof. Jones get his authority for declaring that Picric Acid produces such conditions ? Read his article in last month's TIMES and see. He has deliberately quoted from Erb's experiments with the Salts of Potash and Soda, drugs which destroy *chemically* the blood-disks, to prove that Picric Acid produces his "fatty degeneration of the red blood-corpuscles."

Is not that a beautiful specimen of scientific logic ? Listen ye "students fresh from the plough tail" while your Professor, the highflown Apostle of "master work," rolls scientific nonsense off his tongue. Listen nor dare to question what you hear. Listen and think of what you may "discover," and what you may be, if you have less honor than boldness, less love of truth, than love of self.

Erb found that saturating the blood of animals with large doses of these salts, produced a peculiar "granular" condition of the red-blood-corpuscles, and final destruction of those bodies. He also added solutions of these salts to blood outside the body, and watched the effect under a microscope. Precisely the same phenomena took place, as when the drug was administered internally, showing that their action was *chemical* and not physiological. Erb recognized this fact, and was content. Not so with our Jersey-Scientist; such incomplete and unscientific conclusions will hardly do for him. So what does he do? He gives to one man (Tabor,) $3\frac{1}{2}$ grs. of Picric Acid per day; to a second, (White,) $1\frac{1}{2}$ grs. per day; and takes one grain per day himself; and with what results? Why both Tabor and White, poor fellows, became immediate victims to "fatty degeneration of the red blood-corpuscles," while Saml. A. Jones, the little Professor with the long * jaw, being "out of health" when he made that proving, escaped the dire disaster which befel his comrades.

In Prof. Jones' review of my paper may be found the following :

"DR. LOUIS B. COUCH has given a fine example of the explosive nature of *Picric acid*, and I purpose to show that he is at the worst end of the gun."

Not so ! Not so ! O self styled apostle of scientific "Master Work." Picric Acid is in itself non-explosive ; it only becomes dangerous when brought in contact with *caustic alkalis*. You sir, with your peculiar genius for the same, have furnished the latter, and if explosive compounds, dire disaster and ruin result from your connection with it, I am not responsible—Upon your guilty head be all the blame your acts so richly deserve.

Picric Acid then, has no action whatever upon the blood-corpuscles, and the destruction of those bodies by the salts of potash and soda, is chemical and not physiological.

As evidence that Dr. Jones *knew* that this destruction of the blood-disks was chemical, let me refer the readers of the *Times* to his article, "On the Erythræmalysis produced by Picric Acid" p. 3, and again to his latest production, in both of which, he, having quoted from Erb's experiments with the *Picrates* of potash and soda, de-

clares that the blood-corpuscles may be destroyed "both in and out of the body."*

Dr. Jones asserts that Erb declared that *Picric Acid* induces such destruction; but that statement is a deliberate falsehood, for he knows as well as I that Erb's experiments were made *entirely* with the salts of potash and soda, and *never* with *Picric Acid*. How a man with any regard whatever for truth could make and publish five deliberate falsehoods, as Dr. Jones has in his "post-script," is past my comprehension. He must be either ignorant, dishonest, or both, and I cheerfully allow him to take his choice between the indictments.

A few words in explanation of my statement that the appetite of the dog I sent Dr. Jones "was poor," and the amount of blood present in the carcase greatly deficient. The proving was made with the alcoholic tincture of *Picric acid*, which contains less than 5 p. c. of the drug. During the first two weeks, small doses were administered, which had the effect of *greatly* increasing the appetite. (It was during this period that "the dog ate all the meat I would give him.")

During the next two weeks, large doses were administered, which destroyed the appetite. Having kept no account of the amount of food or drink taken, I could only do as I did, guess at the amount of food. I therefore stated that I could not "give a definite answer" to that question.

In addition to this, vomiting and diarrhœa existed throughout the entire proving. I found at the post-mortem therefore, just what I expected to find, "a great deficiency of that vital fluid, the blood."

Dr. Jones after declaring that the watered blood I had sent him was also frozen says:

"That I would make a "diagnosis" or base a "theory" on *frozen blood*, is an assumption which I trust one of the founders of the *American Microscopical Society* need not stoop to deny. * * * * *

"That in the blood sent I, of course, found the blood-corpuscles destroyed," is another instance of *Dr. Couch's inventive capacity*. What I did find in that blood was such a quantity of blood-crystals, as to raise the question: *Can such an excess of crystals be found in the unfrozen blood of a dog poisoned with Picric acid?*"

* This word is purposely left incomplete to allow those reading Dr. Jones' criticisms to supply such letters as seem to them most appropos=(lecturing, lampooning, libelling etc., etc., etc.)

* Transactions of The American Institute of Homœopathy, 1876.

"Rollett, who has produced a very valuable work on blood crystals, *makes use of a blood the cells of which have been destroyed by freezing and remelting.*" Frey on the microscope, p. 238.

The blood I sent Jones was *watered*; he says it was also *frozen*, yet declares my statement that he "of course found the blood-corpuscles destroyed" to be "another instance" of my "inventive capacity."

Now, either Dr. Jones did not examine that blood at all, and was ignorant of the fact that freezing destroys the blood-corpuscles, while crystallizing their coloring matter; or he made that statement to deceive the profession, wishing them to believe that the blood-disks were not destroyed. But he must have examined the blood to have discovered "*such a quantity*" of crystals, and as he examined the blood, he must have found the corpuscles destroyed, for either *watering* or *freezing* the blood, would destroy them; and if the blood were not watered and frozen, Dr. Jones claims that Picric acid produces such destruction.

Here is an opportunity for "one of the founders of the American Microscopical Society," to again display that profound Verne-like erudition, so lavishly bestowed upon his paper on the physiological action of Picric acid.

I now propose to prove that Samuel A. Jones, M.D., Prof. of Mat. Med. etc., etc., etc., etc., did make a diagnosis on that specimen of watered, frozen blood that I sent him. We see by his paper that that blood *did* contain "such a quantity of blood-crystals, as to raise the question: Can such an excess of crystals be found in the unfrozen blood of a dog poisoned with Pic. acid?" From this statement we are to understand, that the blood did contain an "excess of crystals;" 2nd, that he knew that freezing would produce such crystallization; 3rd, that up to June, 1878, he had no knowledge that Picric acid produces such crystallization. As evidence bearing upon this point, let me quote a portion of a letter I received from one of the Ann Arbor medical students, containing his notes of Dr. Jones lectures on Picric acid.

L. B. COUCH, M.D.

"Dear Sir.—In reply to your's of the 28th ult., I have to say, that Dr. J. gave us a short lecture on Picric acid during the course of '75 and '76, but did not go fully into its physiological action.

On Friday Feb. 16th, 1877, he took it up again. Mr. T. came into the lecture-room with him. * * * * * They had been together during the morning * * * and the little Prof. of Mat. Med. etc., etc., etc., was visibly impressed. * * * He talked rapidly contrary to his usual custom, so my notes are not as full as they otherwise would have been; however, they will show that he gave us a strong impression that Picric acid is a blood disorganizer; here are some of his words:

"The beginning of its action is on the blood; the *haematine* is *crystallized in the blood* (sic); the field of the microscope is *filled with crystals* like a pile of jack-straws.

(Gives example of blood-crystals, such as are formed by freezing. Vide Frey, on microscope; p. 238).

The spectrum was like that of hæma-globuline or hæmatine. (What else would it be?) *Picric acid alone gives us hæmatine in the urine*" (??? L. B. C.)

* * * * *

Yours, very truly,

Prof. Erb in his experiments with the Picrates of Potash and Soda, mentions no such phenomena as described by Prof. Jones, and as Picric acid will not produce such crystallization, he, Jones, must have discovered those crystals in the "*watered and frozen*" blood that I had sent him. We have his own words, that he *did find an "excess of crystals" in that very blood*, and now, (1878) acknowledges that that blood was crystallized by freezing, and tacitly admits that he has no knowledge that Picric acid possesses such properties; and as he has no knowledge that this acid forms blood-crystals, he cannot have discovered such crystallization in any other blood than what I sent him. It must be plain to all then, that Prof. Samuel A. Jones, M.D., "One of the founders of the American Microscopical Society" "Prof. of Materia Medica and Therapeutics, Experimental Pathogenesis and Dean of the Faculty" *of the "Great University of Michigan," did

* The number of titles which the learned Professor appends to his name, reminds me of the personal notices in the N. Y. Sun, of his illustrious namesake, George Jones, of N. Y., who subscribes himself as "George the Count Joannes, the 'Un-crushed' Imperial Count Palatine, Delineator of Shakespeare, Friend of the Duke of Wellington, Counsellor to the Supreme Court" etc., etc., etc. Verily the modesty of these Joneses when writing of themselves, is past all comprehension.

"make a diagnosis on that specimen of watered and frozen blood that I had sent him.

In my paper in the April number of the *Times* I said:

"On examining the (watered and frozen) blood I had sent, the Doctor, of course, found the blood corpuscles destroyed. He prepared a paper on the blood-destructive properties of *Picric acid*, which I believe he read before this Society (N. Y. County Hom. Med.) in 1875."

Dr. Jones wishes people to believe that I was wrong in making that statement, so he says.

"My paper, 'read before this Society,' said not a word about 'blood-destructive properties,' it was read October 28, 1874, two months before Dr. Couch had sent the blood."

Now Dr. Jones "did prepare a paper on the blood destructive properties of *Picric acid*," which he read before a N. Y. County Med. Soc. in the Spring of 1875, as I asserted. Before reading that paper, he went to Prof. T. F. Allen, to borrow his 1-50 objective to show to this Society the specimen of the "watered and frozen" blood I had previously sent him, (which, of course, illustrated "the hæmolytic action of P. A.") and on Dr. Allen's refusal to lend out his property, severely abused that gentleman in that peculiar way so characteristic of him.

Remembering this fact we can appreciate Dr. J's statement that:

"On February 24th, 1875, (after receiving the frozen blood) I read a paper *On the Hæmolytic Action of Picric Acid* before the New York Hahnemann Academy, giving therein a résumé of Erb's results."

In the foot note on p. 68, the learned Prof. has alluded in the following way to my "study of crab-lice."

"When he rises from the study of 'crab-lice' to an investigation of blood-genesis, (and some 'evolution' freak may make him capable of this), he may comprehend why Allen should think of *Picric acid* in Addison's disease; why Hughes should look to it for help in chlorosis, why I should advise it in Progressive Pernicious Anæmia, and in Intermittent Hæmatinuria. Young doctors are like 'pollywogs,' their heads are biggest when they have the least body."

In a late number of the "TIMES," I advised the local use of alcohol, instead of the mercurial ointments in cases of crab-lice. I had previously learned that it kills these little pests, and dissolves certain parts of their heads and legs.

In my "studies" I have learned that there are

two kinds of "crabs;" human and insectivorous; both properly come under the head of "back-biters."

The latter variety however, are not underhanded and sneaky in making their attacks; they subsist upon the blood, do not prey upon the good name and reputation of those with whom they come in contact. Lastly alcohol dissolves certain portions of the ordinary crabs, but alcohol or fusel oil in the most heroic doses * * * *

My erudite friend doubts, and sneers at, the crab killing properties of alcohol; at this however I am not surprised, 'tis but another evidence of the truth of that old proverb, "Familiarity breeds contempt."

As we have previously showed, the homœopathicity of *Picric acid* to "Addison's disease," (it dyes the skin brownish yellow) "Progressive Pernicious Anæmia," and "Intermittent Hæmatinuria," we will waste no space on those points. Dr. Jones asserts that "the heads of *pollywogs* are biggest when they have the least body." We were not aware of that before, we are very much obliged to the learned Professor for the original information he imparts. We congratulate him on his "discovery" of this new fact in natural history.

As the Dr. has referred to amphibious animals in his blood-destructive article, he will allow me to allude in this connection to *Æsop's* fable of an old "pollywog," and apply his moral. That learned Savant tells of a frog whose young were trodden under hoofs of a passing ox. "And Oh mother," said one of them afterward, "It was a big four-footed beast." Big, quoth the old frog,—and she puffed herself out to a great degree—as big as that? oh a great deal bigger than that, said the little one; if you were to burst yourself you never could reach half its size. Provoked at such a disparagement of her powers, the old frog made one more trial and burst herself indeed."

Prof. Erb is a great man. The little Professor of Mat. Med. etc., etc., conscious of his smallness, has endeavored to appear as great as Erb by "blowing himself up" with the "Picrates." The expansion was altogether too sudden, and the result as we have seen has proved disastrous.

Æsop's moral is, that "men are ruined by attempting a greatness to which they have no claim."

In my April paper I asserted that 15 gr. doses "increased" the body heat and "diminished the excretion of urea." Dr. Jones is of the opinion that this is "utterly impossible" and he refers his readers to "Wagner's General Pathology, p. 638, et. seq." to prove this utter impossibility. The Dr. says:

"Perhaps the severest comment upon the education of the average 'homœopathic' physician—I mean the article *sui generis*—is found in the fact that *so few members* of the N. Y. Co. Hom. Med. Society, questioned this astounding assertion, when Dr. Couch read his paper."

The real truth is that *no member* "questioned" that "assertion," because they *knew nothing about the facts*—which is also the very reason why Dr. Jones *does* "question" it. As the learned "Discoverer" has wisely omitted what Wagner does say, he will pardon me if I quote it for him, p. 639. "In some cases an *impaired state of nutrition* before the fever will suffice to keep the excretion of urea down to a minimum even during high fever. * * * furthermore there is observed especially at the beginning of the fever, *remarkably small excretion of urea* in proportion to the height of the temperature, while on the following days with the same temperature, the urea may reach a remarkable amount. p. 640 * * Lastly the amount of urea in the period of *cessation of fever*, is often *greater* than in the time of greatest fever."

I leave the readers of Dr. J's paper, to decide whether in making these statements, and referring them to "Wagner's General Pathology," he was ignorant of what Wagner says, or simply intended to mislead and deceive them.

Having effectually settled this "fatty degeneration" nonsense, let us give the coloring matter of the urine our next attention. Before entering into this subject, let us understand fully the difference between the "*urohæmatine of Harley*" and "*hæmatine*" and the relative importance of these pigments when present in the urine.

Harley* regards his "*urohæmatine*" as an "organic substance," the normal coloring matter of the urine, which may be abnormally increased; it is supposed by him to be "an index to the tear and wear of the tissues," and especially as a measure of the destruction of the red blood-corpuscles. This theory though very reasonable, is not by any means established.

* Harley on the urine and its derangements.

He regards it also as coming "directly from the food, a vegetable diet furnishing the greatest quantity, animal food yielding scarcely any." Hæmatine on the contrary is an abnormal coloring matter of the urine, and is always accompanied by albumen. (Tyson).

This is the condition known as "*hæmatinuria*,"—that is, the direct passage of the blood coloring matters alone into the urine;—it occurs in the course of various diseases, as scurvy, scarlatina, purpura, etc.; etc., and is one of the conditions our would be scientific friend imagines is caused by Picric acid. Let me quote his own words in proof of this. "Both drugs (*Argentum nit* and *Pic. acid*) effect the kidneys (?); both produce albuminous urine; (?) both deprive the red blood-corpuscle of its hæmaglobine; (?) but Picric acid alone gives us *hæmatine* in the urine"* (?)

Now we will quote from his article on the physiological action of Picric acid wherein he declares that this coloring matter, the product of blood-corpuscular destruction, is not "*hæmatine*" but simply "*urohæmatine*."

"The oldest living element of the blood, the red blood corpuscle, succumbs to the deleterious influence of Picric acid, fatty degeneration of its contents ensues, its coloring matter (*hæmatine*) is no longer capable of bearing oxygen to the tissues, and is therefore eliminated by the kidneys—as *urohæmatine*."

Throughout my experiments upon animals, I frequently tested for an "increase" of the *urohæmatine* of Harley, and in no case, not even after tremendous doses of Picric acid, was it present in more than normal quantity. Tests for albumen also gave invariably negative results; the spectroscope proved the absence of "*hæmatine*."

In view of these facts let us cast a glance over Dr. Jones heroic experiments with this drug, to see if his provers found "albumen" "*hæmatine*" or even an "increase of *urohæmatine*" in the urine.

Tabor's name comes first on the list. He took nearly three times as large a daily dose as White; his blood was sufficiently "saturated with the acid" to "establish renal elimination," he had as a product of blood destruction (?) a daily increase over the normal quantity of 3.5 grs. of urea. Did Prof. Jones discover any blood-

* On the Erythremalysis produced by Picric acid p.5.

corpuscles partially destroyed, "granulated," coloring matters "crystallized"—or other interesting phenomena described by him as caused by Picric acid?

Oh no, he guessed that "fatty degeneration" took place. Erb had produced a chemical destruction of the blood-corpuscles by the salts of Potash and Soda, and of course Picric acid would produce "fatty degeneration" of those bodies. What use of depleting poor Tabor *any further* in the cause of science? Did they examine the urine of this poor victim for an "increase of urohæmatine"? Yes! Did they find such increase? We are led to suppose so, for Prof. Jones in his most positive manner, says that "Tabor evaporated and incinerated the urine, and the incinerate gave him both the ferrous and ferric reactions."

Now that is a tremendous argument in favor of this blood destructive theory; it almost takes my breath away. I quite recover though when I remember that the urine of any healthy infant who never has had a smell of Picric acid, will give the same reactions. Let any one try it and see. "Evaporate and incinerate" some nursing baby's urine on a spatula or in a small butter plate; treat the ashes with dilute muriatic acid, then add a few drops of a solution of sulpho-cyanide or ferro-cyanide of potash. A beautiful red or Prussian blue color results, showing the "ferrous and ferric reactions;" which clearly prove the truth of the blood-destructive theory of this scientific "Prof. of Materia Medica, Therapeutics, Experimental Pathogenesis, and Dean of the Faculty" of the "great University of Mich."!!

Now let us return to the question. Did Tabor get an "increase of urohæmatine" after saturating his blood with Picric acid to the extent of producing "fatty degeneration of the red blood-corpuscles"? No he did not! Let me quote Dr. Jones' own words in proof of this.

"As I have not been able to get such testimony from any other prover, I hold his (White's) evidence subjudice." Allen's Ency. vol. VII p. 527. Tabor then, who took larger daily doses than White and Jones put together, did not have that promised "increase of urohæmatine;" so according to the theory of my learned opponent, he could not have been a victim to "fatty degeneration of the red blood-corpuscles," and that 3.5 grs. urea *could not* have been a "product of

blood destruction; nor that tremendous daily increase of uric acid (0.6 gr.) be an evidence of Picric acid "sub-oxidation;" neither could that daily increase of phosphates, of which White had 27.7 grs., be a product of blood-corpuscular disintegration. Thus much for Mr. Tabor, who took it will be remembered, as much Picric acid as Messrs. White and Jones put together.

Now for Dr. Jones, who took within $\frac{1}{2}$ gr. as large a daily dose as White, did he get "fatty degeneration of the red blood-corpuscles"?

No, nor does he pretend to; he had a daily increase of 31 grs. of urea, too great a quantity to explain away as a "product" of blood destruction; but it must be explained; here his Verne-like imagination did not desert him. He boldly "took the bull by the horns" and declared that he was not in health when he made that proving, so he took Picric acid as a remedy; *his* urea increase was *not* a product of blood destruction, but on the contrary a "good evidence of increased oxidation."

Just how Dr. Jones being "out of health" when he made that proving, should save him from becoming a victim to his own fell disease, I leave for abler heads than mine to discover. As for myself I freely confess that I "can't see it;" such logic is too deep for me.

Now let us examine White's results. Did he get "fatty degeneration of the red blood-corpuscles?" Prof. Jones wishes us to believe that he did. He explains White's results in a very ingenious way. White's proving extended over a period of eighteen days: his blood was saturated with the tremendous amount of $1\frac{1}{2}$ grs. of Picric acid per day.

We are asked to believe that this man had from the insignificant daily dose of $1\frac{1}{2}$ grs. of Picric acid "fatty degeneration of the red blood-corpuscles;" that his increase of uric acid and decrease of sulphates and chlorides is an evidence of "blood destruction and consequent "sub-oxidation." We are asked to believe that this daily increase of 3.5 grs. urea throughout the whole proving (18 days) was an "evidence" of "sub-oxidation" and a product of blood destruction, and that that 27.7 grs. of phosphates, comes from the destroyed blood-corpuscles.

Was there ever a worse piece of scientific nonsense and humbuggery inflicted on the profession than this?

Our Western friend is very like the man whom

Sheridan once described, as being "indebted to his memory for his wit, and to his imagination for his facts," differing from that individual, however, in that *he* is "indebted" to his imagination for both his "wit" and his "facts."

This wonderful genius evidently does not intend to give his business of imagination any rest at all, for we see by a late journal that he now proposes to "supply" mental symptoms for Collinsonia can, on the supposition that it augments the excretion of the phosphates. What a fine Materia Medica we should have if we were all Joneses, and all so "scientific."

The further we go into this examination, the more apparent will this become.

The real coloring matter of Picric acid urine will next claim our attention. In my experiments upon animals it varied according to the size of the doses, from blood-red to almost black.

Dr. Jones wishes us to believe that he did not mistake this coloring matter for "urohæmatine," because "urohæmatine (he says) gives to that liquid not a bright red tint." * * *

The "beautiful tint would have put any one but a 'prentice hand on his guard;" therefore it must be "utterly impossible" for him to have made that mistake.

"Harley on the Urine and its derangements," p. 105, reads as follows: "When urohæmatine exists in a free state (such as would be caused by wholesale destruction of the blood-disks) the urine is red before any acid is added. * *

* * * Another fact which is of great clinical importance is that urohæmatine

* * * may be *yellow, red or brown.*" He also declares (p. 108) that it may be "*deep brown, greenish brown, yellowish green, and finally black.*" In view of this fact, then, it must have been "utterly impossible" for Dr. J. to have mistaken this Picric acid pigment for "urohæmatine," as the high color would have "put him on his guard." He adds, as a "clincher," that "*the very test which I had to use in seeking urohæmatine would have exposed the mistake which Dr. Couch falsely charges me with making*—IN THAT I SHOULD FAIL TO GET THE UROHÆMATINE COLOR."

We have his own words that he *did* fail in every case except White's, whose "evidence" he "holds subjudice."

If his statement be true, why was not the "*mistake exposed,*" especially in the case of Tabor, whose blood was "saturated" with the acid, and whose urine must, from the size of his doses, have been of a bright red color? Again, Dr. Jones says, in his first paper, "If this theory be true, we should further find an increase of urohæmatine,"—but nowhere in his paper does he mention his failure to get such increase, and not till months after, does he let the secret out. Why was this information suppressed? For the reason that if it were mentioned, the falsity of his blood-destructive theory would be apparent to all.

I wish in this connection to introduce some analyses of the urine of persons taking doses similar to those of Tabor, White and Jones, in their provings.

J. AMOS.	Urine, Cc.	Urea, grs.	Phosphates, grs.	Sulphates, grs.	Chlorides, grs.
Health.....	666	338.3	17.40	55.80	93.
Average in Medication..	1125	466.2	31.42	63.38	116.1
Result.....	+459	+128.2	+14.02	+7.58	+23.1
MR. CONGER.					
Health.....	733	332.	57.3	38.0	155.
Average in Medication..	1172	531.7	71.73	44.64	184.
Result.....	+439	+199.7	+14.43	+6.64	+29.
A. SAWYER.					
Health.....	833	231.5	26.4	39.7	90.1
Average in Medication..	1020	535.9	29.1	64.14	100.9
Result.....	+187	+304.4	+2.7	+24.44	+10.8

No "albumen," or "hæmatine," or "increase of urohæmatine" was present in any specimen of urine examined. The "urohæmatine of Jones,"

however, was present in all cases, and would disappear on the addition of a few drops of acetic, nitric, or other acid.

Dr. Jones finishes his truthful (?) paper by the following :

"NOTE.—On May 17th I discovered that the peculiar coloring of the urine which occurs when *Picric acid* is taken, is not due to *Chrysophanic acid*, as Prof. Tyson has certified, but that it is owing to the formation of *Isopurpurate of sodium*, $\text{Na. C}_8\text{H}_4\text{N}_5\text{O}_6$, and of *Potassium*, $\text{KC}_8\text{H}_4\text{N}_5\text{O}_6$. It is so unusual for a "regular" to be caught napping in "science" by only a "homœopath," that the event is worth recording. As my friend Dr. Couch called my attention to this matter (and also got Prof. Tyson to put himself on record), I trust he will share the pleasure which this little episode gives me"

The following letter from a prominent Ann Arbor physician will explain Dr. Jones' last "discovery" :

L. B. COUCH, M.D.

MY DEAR SIR: Yours received, and in reply I would say that on June 12th, Prof. Jones stated in his public lecture that Dr. Couch was right, and he (Jones) was wrong; but that the coloring matter of the urine was not exactly what he (you) said it was. His authority for that statement was Prof. A. P. Prescott,* of the Chemical Laboratory, who made the analysis for him (J.).

* * * * *

Very truly yours,

* * * * *

As Josh Billings says, "Comments is unnecessary."

I trust that the readers of the *Times* will not regard me a "young doctor" and "prentice worker," as jealous of the learned Professor, because of these wonderful discoveries—far from it. I am quite willing to acknowledge that he has distinguished himself thereby; he has covered himself, yea, verily, he has besmeared himself and all Ann Arbor with glory!

(Attention is called to the remarks of Prof. T. F. Allen, in another part of this journal, on Erb's Experiments. Prof. Allen is the person who "loaned" Dr. Jones, "Erb's Monograph on Picric Acid.")

* I stated in the April No. of the *Times* that this coloring matter of Picric acid urine, was not "hæmatine" nor "urohæmatine," but "a vegetable coloring matter, a product of the decomposition in 'Nature's laboratory' of a portion of the Picric acid administered." I placed an interrogation point after the words "Chrysophanic acid," to signify that I did not believe it to be identical with that acid. It proves to be Isopurpuric acid in combination with bases. Isopurpuric acid is formed by the action of Cyanogen on Picric acid in the system (sic). Prof. Prescott, however, was not the first to make known this fact. Prof. J. T. O'Conner, of the N. Y. Hom. Med. Col. made this discovery in November, 1877, and Prof. Allen and other friends of Prof. Jones were informed of it at that time.

Reports of Societies.

A special meeting of the Homœopathic Medical Society of the Co., of New York, was held at the Ophthalmic Hospital, March, 1st. 1878. The President Alfred K. Hills, M.D. in the chair. The bureau of Materia Medica reported through its Chairman, John S. Linsley, M.D.

1. A Retrospect of Materia Medica for the year ending 1877, by Mary E. Bond, M.D.

2. A paper entitled "Ratanhia" by T. F. Allen, M.D.

3. The Physiological action of Picric Acid as shown by experiments on animals, by L. B. Couch, M.D.

4. Wonders of the Materia Medica, by John S. Linsley, M.D.

REMARKS OF DR. ALLEN ON PICRIC ACID :

Mr. President and Gentlemen.—Prof. Jones is not present to defend himself, or some explanation would be made of the discrepancy between him and Dr. Couch. Prof. Jones has pinned his faith to the experiments of Dr. Erb, who published a monograph on Picric acid something over ten years since. He experimented upon rabbits and dogs with the *Salts of Picric acid* (never with uncombined Picric acid) especially the *Picrates of Potash and Soda* and the action of these doses upon the blood must be taken into account. Dr. Couch finds no alteration in the blood corpuscles from Picric acid; certainly, no diseased blood is under the microscope to-night, and Dr. Couch assures us that it is the blood of a dog far advanced in Picricism. Erb made haste to ascribe changes in the blood to Picric acid or at least to the *Picrates*, but we know that all *Salts of Potash and Soda* are capable of producing changes in the blood certainly analogous to those observed by Erb.

There is, however, another point of prime importance in this difference between Dr. Couch and Prof. Jones, namely, the coloring matter in the urine of these animals; Prof. Jones believes it to be derived from a decomposition of blood pigment, Dr. Couch believes it due solely to Picric acid. Certainly this is a matter for chemists to decide, and Dr. Couch has given us expert testimony; the opinion of Prof. Jones is supported by no such testimony.

Indeed, *Erb* in his monograph examined this coloring matter, both from animals and from

human beings to whom he gave large doses of the salts, actually staining the tissues (skin, eye, etc.), AND FOUND IT TO CONSIST OF PICRIC ACID, then he goes on to draw parallels between Icterus and the staining by Picric acid and between icteric urine and Picric acid urine.

Prof. Jones, in his beautiful and perfectly appointed laboratory for experimental Pharmacodynamics must re-examine this matter. Till then Dr. Couch steps to the head.

In 1864 Dr. Parisel published in Paris, his thesis upon Picric acid, in which are contained some provings with the acid, and an account of some cases of Malaria treated by the drug. About that time great attention was directed towards this substance as a remedy for various kinds of worms, malarial fevers, etc. Its medical history is exceedingly interesting, and must some day be compiled. We now recognise it a remedy of great value, and thanks to Dr. Couch, possess reliable indications for its administration.

Adjourned.

ARTHUR T. HILLS, M. D. Secretary.

The Clinical Society of Hahnemann Hospital Chicago, the largest and most active local society in the west, having about 150 members, met at the Grand Pacific Hotel for its regular monthly meeting, the first Tuesday of June. The attendance was large and enthusiastic.

Dr. Jussen presented a very practical and interesting paper on the uses of the magnet and magnetism in medicine. (A translation.)

Dr. Henry W. Roby reported the extraction of a renal calculus from the ureter by suction applied by means of a Molesworth aspirating apparatus coupled to a female catheter. (See paper elsewhere.)

Prof. R. Ludlum presented two large ovarian tumors, (multilocular) which he had successfully removed, in Minnesota, the Friday and Saturday preceeding the meeting.

Medical Items and News.

THE OPHTHALMIC HOSPITAL.—Report for the month ending May 31st, 1878. No. of prescriptions, 3,854; new patients, 393; resident in the hospital, 48; average daily attendance, 148; largest daily attendance, 200.—J. H. BUFFUM, M.D., Resident Surgeon. Charles Deady M.D., has been appointed an assistant surgeon to the hospital.

The Homœopathic Medical College of Mich-

igan University, graduated the following named candidates, June 27th. Edward Everett Hoit, John Summerfield Martin, Israel Ohlinger, Grace Roberts, M.D., Joel Sylvanus Wheelock.

Dr. J. G. Gilchrist has resigned the chair of surgery in Michigan University, and Dr. E. C. Franklin, of St. Louis, has been appointed in his place, and Dean in place of Prof. Jones.

145 patients in the Middletown Insane Asylum. Largest number at any one time yet.

Pulte Med. College has voted *not* to admit women to its course of lectures, we hear.

The third annual report of the Homœopathic Hospital, W. L., issued by Dr. A. W. Holden the eminent chief of staff, and published by the Dept. of Pub. Charities and Correction, is a most interesting and exhaustive account of the workings of this noble charity, reflecting great credit upon all who have to do with the institution, and especially upon the author who has thus presented the facts so elaborately.

MEDICAL EXPERTS.—The Supreme Court of Indiana, has decided that medical experts called as witnesses, are entitled to fees as such.

The N. Y. Hom. Med. College has established a chair of Pathological Anatomy and appointed W. O. McDonald, M.D., professor. Martin Deschere, M.D., has been appointed lecturer on Histology. We hope the attention will be given to these subjects which their importance demands.

WESTERN HOM. DISPENSARY.—Month ending May 21st. House department, patients treated, 888; prescriptions given, 1,772. Visiting department, patients, 56; visits made, 187; total, patients, 944; precept., 1,959.

The OFFICE formerly occupied by Dr. Helmuth, at 21 West 37th St., is to rent with large closet, reception room, and all modern conveniences.

The character of the house together with the desirability of the locality, make this one of the best opportunities to be found for any physician who desires to locate in this vicinity.

We are happy to call attention to the announcement in this journal of Mrs. Mayerink and her son.

Mrs. Mayerink is so well and extensively known that she stands in little need of further mention than to tell where she may be found.

REMOVALS.—John F. Miller, M.D., to 18 Fulton St., Newark, N. J. Ellen M. Kirk, M.D., to 271 W. 7th St., Cincinnati, O. Dr. David Wark to 4 West 43rd St. Drs. C. S. and A. W. Lozier, and Dr. Amelia Barnett, to 221 West 14th St.

MARRIED.—Edward W. Vietor, M.D., to Agnes C. McCahey, M.D., and located at 166 St. James Place Brooklyn. Please accept cordial congratulations.

GERMAN BATHING SALT

Westeregel, Germany.

Guaranteed a Pure Mineral Salt, claimed and conceded to be the Purest and Best Bathing Salt known to the Medical Profession and offered to the Public.

Dissolving instantly, its use is no trouble, but a great pleasure to the healthy and well, and an invigorating tonic to the weak and sick. It has Cleansing properties superior to any soap, (use without soap,) making the skin cool, soft, smooth, and free from the sticky feeling inseparable from the rock or sea salt.

It Cures Diseases of the Skin, relieves Neuralgic and Rheumatic pains, Restores Nervous strength, and has a remarkable soothing influence on painful hemorrhoids. It allays inflammation and soreness caused by bruises, contusions or cold. It rests tired feet and aching limbs, toning up an over-strained system for refreshing sleep or an enjoyable meal.

ANALYSIS.

TRUE SEA SALT.

Chloride of Sodium	78.61
" Magnesia	8.56
Sulphate of Lime	3.47
" Magnesia	6.42
Chloride of Potassium	1.94
Carbonate of Lime	0.27
Bromides and Iodides	Traces.
Ammonia and Silver	Traces.

GERMAN BATHING SALT.

Chloride of Sodium	41.
" Magnesia	11.08
Sulphate of Lime	6.12
" Magnesia	9.02
Chloride of Potassium	10.04
Oxide of Iron	3.08
Bromine and Iodine	2.06
Water	17.69

TURKS ISLAND SALT.

Known as the SEA SALT OF COMMERCE, sold for the Bath as evaporated Sea Water :

Chloride of Sodium	96.76	This is of no more value to the Bath than Common Rock Salt.
" Magnesia	0.15	
Sulphate of Lime	1.56	
" Lime and Soda	.64	

The GENUINE BATHING SALT has all the component parts of True Sea Salt. It makes an excellent Gargle and Saline Aperient. For sale by Druggists, and

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The only house manufacturing the celebrated

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This Battery is the smallest, most compact, and most effective Caution Battery in existence; exposing only about eighty square inches of zinc surface to the action of the exciting fluid, yet, on account of the superiority of the negative plate, it has an electro-motive force of nearly eight volts, and an internal resistance of less than six one-hundredths of an ohm. Its heating capacity is 20 inches of No. 16 platinum wire, 10 to 12 inches of No. 14, or 15 inches of No. 21. The house also manufactures

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Petroleum as a curative is as ancient as history; Herodotus, the Greek historian, speaks of it in his history, four hundred and forty years before Christ. It is still used for medical purposes by the Persians, Burmese and other nations. In 1761, oils were distilled and employed in the cure of certain diseases, as stated in Lewis' *Materia Medica* for that year.

More than a century ago, the papers of the Royal Society of London, and other European publications, gave accounts of Petroleum for medicinal uses. The Proprietor from time to time has contributed improvements in its purification, now having brought it to perfection, adapting it to the common requirements of life, medically.

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A New and Original Petroleum Specific for Curing all

Diseases and Affections of the Skin proper.

Diseases of the Hair and Scalp,

Inflammation of the Lungs, Liver and Kidneys, Muscles and Joints,

Affections of the Throat, arising from any cause.

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Is recommended to physicians for its purity and superiority over all others. It is perfectly free from Alcohol, Carbonic Acid and Emphysematic products, which can only be attained by the most careful manipulations, in its manufacture, long experience, and by means of unexcelled apparatus. Mr. Ed. Loefflund, of Stuttgart, Germany, manufactures only Malt Preparations, devotes his whole time to these, and being a thorough chemist, makes a preparation based upon scientific principles. For this reason his preparations were awarded a Prize at the Centennial Exhibition.

Loefflund's Concentrated Extract of Malt is a *Resolved Emollient* and a most powerful *Nutrient*. It is used for diseases of the *respiratory organs pulmonary complaints*, and for diseases originating in *imperfect digestion*.

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Loefflund's Extract of Malt with Pyrophosphate Iron.—(Each tablespoonful contains 5 grains of Pyrophosphate.)—Is invaluable in *Chlorosis* and *Anæmia*. Dose: A tablespoonful two or three times a day. This same proportion of the Pyrophosphate has also been adopted by the *New German Pharmacopœia*. Price, \$1.00.

Loefflund's Extract of Malt with Citrate of Iron and Quinine.—(Each Tablespoonful contains 2 grains of the Citrate of Iron and Quinine) is an *excellent tonic* in all such cases where Iron and Quinine are jointly indicated. Specially adapted for Ladies and Children, on account of its agreeable taste. Dose: A tablespoonful two or three times a day. Price, \$1.00.

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Loefflund's Extract of Malt with Hypophosphite of Lime.—(Each tablespoonful contains 6 grains of Hypophosphite) specially adapted for *Phthisis*, and all Diseases of the Lungs. This is a *perfect substitute for Cod Liver Oil*. Dose: A tablespoonful two or three times a day. Price, \$1.00.

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Loefflund's Concentrated Liebig's Food for Infants.—(Liebig's Soup in a concentrated form) *ready for use*. Has been pronounced by the Judges of the Centennial Exhibition a *PERFECT SUBSTITUTE FOR MOTHER'S MILK*, and therefore Awarded a Prize. Price, 75c. per Bottle.

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. Douglas, Professor of Chemistry, University of Michigan, Ann Harbor.

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Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

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The very large proportion of *Diastase*, renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements of food*.

A single dose of the **Improved Trommer's Extract of Malt**, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE and ONE-HALF POUNDS of the Extract.

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Extract of Malt, with Hops (Plain),.....	\$1 00	Extract of Malt, with Hypophosphites,.....	\$1 50
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Extract of MALTED, BARLEY, WHEAT and OATS.

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From Three to Five Times the Medicinal and Nutritive Elements found in EXTRACT OF MALT.

MALTINE is a highly concentrated extract of malted Barley, Wheat and Oats, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from three to five times the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz:

FIRST: In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo at a temperature ranging from 100 deg. to 120 deg. Fahr; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and Potassium are essential elements in the food of man; and it is only in **MALTINE**, containing the combined properties of malted Barley, Wheat and Oats that all these principles can be found in the proper proportions; Extract of Malt made from Barley alone is wanting in some of the most important of these elements.

THIRD: Gluten is most nutritious principle found in these cereals, and the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. **MALTINE** contains twenty times the quantity of Gluten found in any Extract of Malt.

FOURTH: Liebig says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of **MALTINE** is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of **MALTINE**, and would request a trial and comparison of merits with any article offered for similar uses.

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Can undoubtedly be used with great success than any other remedy now known, in cases of General and Nervous Debility.

Indigestion, Imperfect Nutrition and Deficient Lactation; Pulmonary Affections, such as Phthisis, Coughs.

Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera

Infantum, and Wasting Diseases of Children and Adults; Convalescence from Fevers, and

whenever it is necessary to increase the vital forces and build up the system.

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MALTINE, FERRATED:

This combination is specially indicated in Anemia and Chlorosis, and all cases of defective nutrition where Iron is deficient in the system.

MALTINE WITH PHOSPHATES, IRON AND QUINIA;

A powerful general and nutritive tonic.

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A powerful nutritive, general and nervous tonic.

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MALTINE WITH PEPSIN AND PANCREATINE:

One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition.

It contains three of the all-important digestive agents, Diastase being one of the constituents of the **MALTINE**. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

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One of the most valuable combinations in cases of general debility when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE WITH COD LIVER OIL:

The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE WITH COD LIVER OIL AND PHOSPHORUS;

In this combination the Phosphorus has no irritant effect upon the stomach.

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This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

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In this preparation **MALTINE** is combined with the most valuable Alternatives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.

Each fluid ounce contains: Chloride, Calcium, 10 grains; Chloride Magnesium, 10 grains; Bromide Sodium, 5 grains; Iodide Potassium, 1 grain; Iodide Iron, $\frac{1}{4}$ grain. Dose, One teaspoonful to one tablespoonful.

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MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces, each bottled inclosed in a folding paper box.

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BASED upon the fact that the human body in health or disease has but one natural want, that of sufficient proper food, the nutritious elements of **WHEAT**, **BEEF** and **MILK** have been *concentrated* in these foods, and submitted to a process of *artificial digestion*, by which they are fitted to quickly enter the circulation, and thereby feed the nervous tissue in a natural manner, strengthening every organ of the body and relieving all conditions of debility, whether of the nervous system or of the digestive organs.

The **BLOOD** and **NERVE FOOD**, or **TONIC EXTRACT OF WHEAT** contains in every quart the vital nutritive elements of a bushel of wheat, *void of all starch*, being a nerve building food with which all phrases of nervous debility may be met that underlie all forms of chronic disease. Its great value consists in the fact, that the *vitilized* condition, given by *vegetable growth* to the *chemical elements* of the *grain*, has not been destroyed in the process of their elimination from the exterior of the Wheat Kernel.

The **FIBRIN** and **WHEAT** is prepared for conditions of greater debility, and by the process of semi-digestion, is fitted for the delicate and diseased stomach.

Every quart of this preparation contains the vital, nutritive elements found in one-half bushel of wheat, and the fibrin contained in sixteen pounds of beef.

It should be used to prepare the stomach for the Blood and Nerve Food, in all cases of irritation or ulceration of the mucus membrane. All cases of chronic constipation may be radically overcome by its use.

The **BEEF** and **MILK** is also a semi-digested food, prepared for the *most* delicate and diseased condition. In each quart of this preparation are the vital nutritive elements contained in thirty-two pounds of beef, and sixteen quarts of milk; it can be used when no other will assimilate, and by enema if the stomach will not bear it; to be followed by the stronger elements, the Fibrin and Wheat, and later, by the Blood and Nerve Food or Tonic Extract of Wheat.

These foods are to be administered after the regular meals, in quantities commencing, for Children, with five or ten drops; for Adults, a half teaspoonful, gradually increasing to a tablespoonful, varying with the age and condition of the patient. In many debilitated cases they furnish all the nutrition necessary. They are compatible with all therapeutical agents, except the mineral acids.

The **CARBONACEOUS FOOD** is designed for **EXTERNAL APPLICATION** to the body. It is so compounded chemically, that upon its application to the surface of the body it is *rapidly absorbed into the circulation*, thereby *relieving the stomach of the Labor incurred in the function of Digestion*. This preparation should be used in all cases of Chronic disease based upon Nervous Debility, and to which the Nerve and Muscle Building forms of food are applicable. It is not perhaps *indispensable*, but it will hasten and increase the chances of recovery by relieving the stomach of a laborious function. It simply *supplies* fuel to the tissues of the human body to support animal heat.

Better effects are experienced by the **EXTERNAL APPLICATION** of this food than by the **INTERNAL USE** of Cod Liver Oil, the practical effects of the two **BEING IDENTICAL**.

The **LIFE FOOD** food is composed of the same elements as the Fibrin and Wheat, though not so strong; and the condition of artificial digestion has been carried further, so that it will almost instantly enter the circulation and give immediate invigoration. It may be used at any time, and with milk is a delightful drink. It is desirable to be used when a patient is subject to a sense of prostration, mental or physical, between meals, as supplementary to the other foods.

Full information given by Circular or otherwise on application.

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